## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				REG. NO.	1		
1 DECEASED NAME	Verda	Mae	Adkins	20 DATE OF DEATH MONTH C	1986	26 HOL	
3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	_
Female		White	March 11, 1929	56 YRS.	NONTHS DATS	HOURS	11 AA.
Maryland	E OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	MARRIED TO NEVER MARRIED TO WIDOWED DIVORCED	WICOMICO	OF DEATH		,
Salisbury	DEATH	III. NAME OF HOSPITAL, NURSIN PENINSULA GENERAL PENINSULA GENERAL	G HOME OR OTHER INSTITUTION Cal Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE Seamstress	126 KIND O INDUSTRY Cloth	F BUSINI	SS C
USUAL RESIDENCE (# 13g STATE Delaware	136 COUL Suss			13e.STREET ADDRESS / ZIP CODE Rt. #2 Box 59	19946	149	N

4 FATHER'S	NAME
	FIRST
Lee A	dkins

MIDDLE

LAST

Delmar

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

Rt. #2 Box 59

Henrietta Bell Fisher

19940 LAST

	FIRST
Lee	Adkins

160 WAS DECEASED EVER IN U.S. ARMED FORCES

16h SOCIAL SECURITY NO 218-24-4245

17 INFORMANT Lloyd Lee Adkins

Same as above

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

19a DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21s PLACE OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

| AT HOME STREET FACTORY, OFFICE FARM ETC ) NOT WHILE 22x 1 certify that (I) (the hospital) attended the deceased from

211 LOCATION CITY OR TOWN COUNTY

aur) apinian death accurred an the date and have and fram the causes stated above I we I did (did not) view the bady after death DEGREE

1	a	Col des	us
22d 7 H	ICIAN'S N	AME CLYPE OR PRINTS	

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

	22c DAT	ESIC	6	1 fe	
c	Pa 0	1	6	1~	4

STATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23b. DATE 2-20-1986

23c NAME OF CEMETERY OR CREMATORY Bloomery Cemetery

Federal sburg, Maryland

24 FUNERAL DIRECTOR

Marvel-Short Funeral Home Delmar, De. 19940

250 DATE REC'D BY REGISTRARY SIGNATURE TO

DHMH - 16 60M 7/84 (VRA 15, 4)

8

MEDICAL

BALTIMORE, MARYLAND 2

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,



DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Allen

Allen. 250 DATE REC'D BY REGISTRAR 256 REGIS

. 22 Bourse 201 Lond ton the Furne Co. · the government 214-10- For the state was the wiles, conservor, peris

TO FUNERAL DIRECTOR After this certificate has been signed by the ottending

OR ATTENDING PHYSICIAN: The low requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

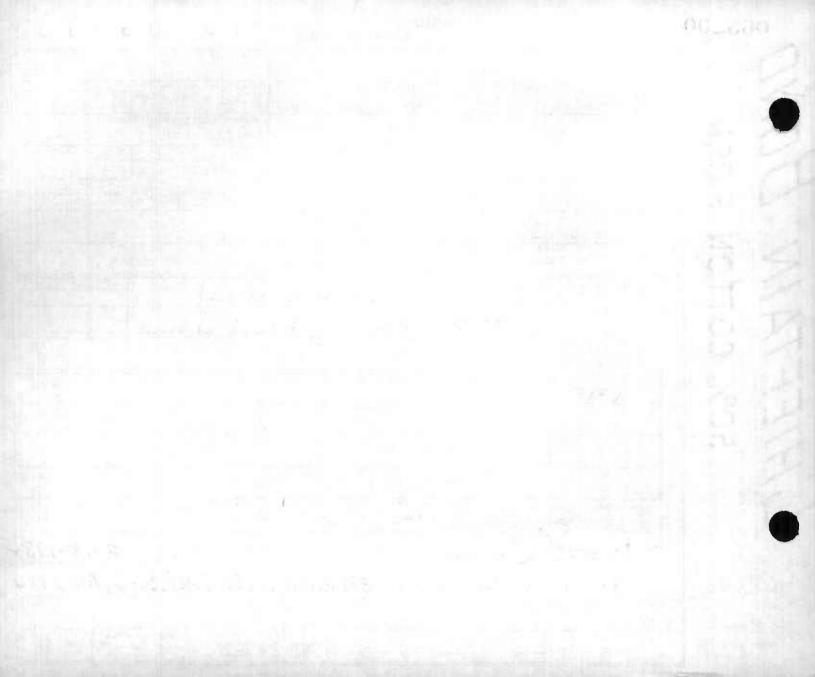
BP.

DHMH - 16 60M 7/B (VRA 15, 4)

0	CE	200	1
U	00,		1
pe	ge 3		ľ
4 moy	thector page 3		3
Poge	derector page 3	21	17
deoth	Daniel Common	2	
s ofter	4 10	R.	1
4 hour	od b	81	f
rithin 2	Sept 2	Kon	+
acuted within 24 hours ofter death. Page 4 may be	1	204	1
di	100 BM	V 10 /	11.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 6 0

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	0	3	1
	ECEASED NAME FIRST	MIDD			AST	20 DATE OF DEATH	MONTH			26 HOUR
	Harrie	t Luca	S	Au	ıld		02	18 1	986	4;00
3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY	IF UNDER	DAYS	HOURS /
	Female	White		MONTH 3	17 1898	87	YRS	MONTHS	DATS	HOURS /
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		TY OF DE	ATH	- 1
	Towa	U.S.	Α.	WIDOWE		Wicomi	co			
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT				BUSINESS
L	Salisbury	(IF NOT INSUCH FA			re	House W			ustry In Ho	ome
13a S	AL RESIDENCE (IF NURSING HOME STATE 13% COU Maryland 6	OR OTHER INSTITUTION, GIVE JINTY Vicomico	ERESIDENCE BEFORE CITY OR TOW Salisbu	/N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS 726 S.		DE S		bury,
14. FA	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME				801
1	Howard Chai	uncev ]	Lucas		Minnie	Brooks		Yode	LAST	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECU		17 INFORMANT	ADDR				
1	(1F YES, C	SIVE WAR OR DATES) 53	36-20-84	451	Jean A. Marsh	nall 209 B	eaver	dam D	r.,	
	18 CAUSE OF DEATH (Enter	anly one cause per line	far (o) the an	dic		Salial	mry,	Mary	AT PROXIM	ATE INTERVA
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Carcliac 1	1-237E			1111200	THE PARTY OF
	Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS	s a conseque		ionary he	and di	5800	X. 4	39	Lons
z	gove rise to immediate	( )		COT ENCE OF	2				ART 110	Lons
FICATION	gove rise to immediate cause (a), stating the underlying cause last.	CONDITIONS CONT	TRIBUTING TO D	ENCE OF	2	200 AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	OF DEATH
ERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  CHF  19a DATE OF OPERATION	CONDITIONS CONT	TRIBUTING TO D	ENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	20b. IF Y	ES, WERE	FINDING AUSES (	
AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  CHF  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	196 CONDITIONS CONT	TRIBUTING TO D	ENCE OF  DEATH BUT  OPERATIO  AY YEAR	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	20b. IF Y	ES, WERE	FINDING AUSES (	OF DEATH
	gove rise to immediate cause late stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  CHAP  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITIONS CONT	RIBUTING TO D ON FOR WHICH NJURY MONTH DA	ENCE OF  DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJ	20b. IF Y IN CERT	ES, WERE FIFYING C YES B PARTIOR P	FINDING AUSES (	NO [
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  LIFEITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED	196 CONDITIONS CONT  196 CONDITIONS  216. TIME OF IN HOUR A.M. P.M. 216 PLACE OF	RIBUTING TO D ON FOR WHICH NJURY MONTH DA	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO	20b. IF Y IN CERT	ES, WERE	FINDING AUSES (	OF DEATH
	gove rise to immediate cause Ia1, stating the underlying cause Iast.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE ROTHEY MEDICAL EXAMINATION OF CONTRIBUTING COURTED  WHILE NOTE MODIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK	196 CONDITIONS CONT  196 CONDITIONS CONT  196 CONDITIONS  216. TIME OF IN HOUR A.M. P.M. 216. PLACE OF (AT HOME STREET	PRIBUTING TO E	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJ	20b. IF Y IN CERT	ES, WERE FIFYING C YES B PARTIOR P	FINDING AUSES (	NO STAT
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE ON CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING ON CONT	TONDITIONS CONTINUES CONTI	INJURY MONTH DA  INJURY FACTORY, OFFICE, F	DEATH BUT  OPERATIO  AY YEAR  19  FARM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION  STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJECTITY OR TO	206. IF Y IN CERT JRY IN ITEM 18	ES, WERE TIFYING C YES   APART LORP	FINDING AUSES (	NO STAT
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  CHF  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has	TONDITIONS CONTINUES CONTI	INJURY MONTH DA  INJURY FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  FARM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJECTITY OR TO	206. IF Y IN CERT JRY IN ITEM 18	ES, WERE IFYING C YES   PART I ORP	FINDING AUSES (	STAT
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE ON CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING ON CONT	TONDITIONS CONTINUES CONTI	INJURY MONTH DA  INJURY FACTORY, OFFICE, F	OPERATIO  AY YEAR  19 FARM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 80  and that ir myD (aur) opinion  DEGREE	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUNCTION OF TO CITY OR TO COMPANY OF THE COMPANY OF	20b. IF Y IN CERT	ES, WERE EIFYING C YES  COU  19	FINDING AUSES (PART 2)	STAT
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE ON CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING ON CONT	TONDITIONS CONTINUES CONTI	INJURY MONTH DA  INJURY FACTORY, OFFICE, F	OPERATIO  AY YEAR  19 FARM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  19 80  and that in my (aur) opinion  DEGREE ATTENDING PHYSICIAN  121e. ADDRESS	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJECTIVE OR TO COMPANY OR TO	20b. IF Y IN CERT JRY IN ITEM 18 DWN	ES, WERE EIFYING C YES  COU  19 222	PART 2)  AUSES ( PART 2)  ANTY  The point the co	STAIL
MEDICAL	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE OF CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTION OF CONT	196 CONDITIONS CONT 196 CONDITIONS CONT 196 CONDITION 216 TIME OF IN HOUR A.M. P.M. 216 PLACE OF [AT HOME STREET	INJURY MONTH DA  INJURY FACTORY, OFFICE, F eceased from er death	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  19 80  and that in my (aur) opinion  DEGREE ATTENDING PHYSICIAN  121e. ADDRESS	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJI  CITY OR TO  MEDICAL PHYSI  DIRECTOR PHYSI  1230 LOCATION	20b. IF Y IN CERT JRY IN ITEM 18 DWN	ES, WERE TIFYING C YES   COU  COU  221.	PART 2)  NITY  DATE S  OTHER S	STATE
WEDICAL MEDICAL	gove rise to immediate cause Ia1, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE LEXAMIN 21d INJURY OCCURRED  WHILE NOTE NOTE WORK  27a.   certify that (1) (this has saw the deceased alive conduction of the cause of the conduction of	196 CONDITIONS CONT 196 CONDITIONS CONT 196 CONDITION 216 TIME OF IN HOUR A.M. P.M. 216 PLACE OF [AT HOME STREET	INJURY MONTH DA  INJURY FACTORY, OFFICE, F eceased from 19 8	DEATH BUT  OPERATIO  AY YEAR  19  FARM ETC)  NAME OF C	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR  217. LOCATION  218. HOW INJURY OCCUR  218. HOW IN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJECTIVE OR TO COMPANY OR TO	200. IF Y IN CERT JRY IN ITEM 18 DWN Late and ha	ES, WERE EIFYING C VES   COU  19   220  COUNTS  SSEX	FINDINAUSES ( PART 2)  INTY  The part of the control of the contro	STAI  STAI  STAI  STAI  STAI  STAI  STAI  STAI  STAI  DE  STAI  DE  DE  DE  DE  DE  DE  DE  DE  DE  D



1			STATE OF MARYLAND					
1.		DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	30 0	6311			
1 DE		MIDDLE	LAST		DAY YEAR 26 HOUR			
		5	BAILEY	-	1986 1024 M			
3. SE			S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
1			6 26 03	12 YRS				
		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		OF DEATH MD			
10 C	ITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR			
- Street Street		Peninsula Genera	l Hospital	Retired	19 100			
13e.:	Md Son	Y 13c. CITY OR JOWN	YES ON O	13. STREET ADDRESS / ZIP CODE	7-10/6			
77		TRAGI	e Hest	er MIDDLE Re	E d LAST			
			RITY NO. 17. INFORMANT MODILE	Lock States	hanceM			
	PART I. DEATH WAS CAUSED	BY. (Melle			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
10	Canditions, if any, which	DUE TO, OF AS A CONSEQUE	Secretic Condinasa	elen During	YRQ			
	gave rise to immediate cause 101, stating the underlying cause last		NCE OF					
z	PART 2 OTHER SIGNIFICANT CO		EATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVE	EN IN PART I to			
IIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH (	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?			
		21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR					
MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA	211 LOCATION	CITY OR TOWN	COUNTY STATE			
	270. I certify that (I) (this haspital) attended the deceased from 19 to							
	226. SIGNATURE	M. M Chun	DEGREE ATTENDING PHYSICIAN IN	MEDICAL STAFF	22c. DATE SIGNED			
	224. PHYSICIAN'S NAME (TYPE OR	GUD, NO	22e ADDRESS PHAN	10	1 1 1			
230	(SPECIFY)	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY/OR TOWN	COUNTY STATE			
24 F		a cel appared	ST 250 DAT	E REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE			
14	Im. H. Jame	571 338 00	MA FEBR	0 1988 Gulantical	inn-Andella :			
	T. DE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	- STATE REGISTRAR  1. DECEASED NAME (1YPE OR PRINT)  3. SEX  16. BIRTHPLACE (STATE OR FOREIGN 7 COUNTRY)  10. CITY OR TOWN OF DEATH  11. SDURY  11. STATE  12. STATE  13. SEX  14. STATE  15. STATE  16. WAS DECEASED EVER IN U.S. ARM (YES, NO OLUNKNOWN) (IF YES, GIVE  17. DEATH WAS CAUSED IMMEDIATE  18. CAUSE OF DEATH IEnter only PART 1. DEATH WAS CAUSED IMMEDIATE  19. DATE OF OPERATION  19. DATE OF OPERATION  19. DATE OF OPERATION  21. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21. CERTIFY that (1) (this baspite Saw the deceased live on obove, (1) (Frail Edic) (did not) 22. SIGNATURE  22. SIGNATURE  23. BURIAL, CREMATION, REMOVAL  15. SECIETY  23. BURIAL, CREMATION, REMOVAL  23. SURIAL, CREMATION, REMOVAL  24. FUNERAL DIRECTOR NAME  24. FUNERAL DIRECTOR NAME  24. FUNERAL DIRECTOR NAME  25. SIGNATURE  26. SIGNATURE  27. SIGNATURE	TO CONTRIBUTING OR DEATH  1. DECEASED NAME (17PE OR PRINT)  3. SEX  4. RACE  A	POR STATE REGISTRAR  I. DECEASED NAME (INFORMAN)  3. SEX  4. RACE  5. DATE OF BIRTH  MODITY  3. SEX  4. RACE  5. DATE OF BIRTH  MODITY  5. DATE OF BIRTH  MODITY  5. DATE OF BIRTH  MODITY  6. CITYOR TOWN OF DEATH  1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  COUNTRY  5. DATE OF BIRTH  MODITY  6. CITYOR TOWN OF DEATH  1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  SALES DEVELOR IN U.S. ARMED FORCES?  1. MODITY  1. SENDENCE IS MURSING HOME OR OTHER INSTITUTION  DESTINATION  MODITY  1.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF HEATH AND MENTAL HYGIENE CERTIFICATE OF DEATH  TO CECASED NAME (INFLORMINI)  JIS DATE OF DEATH MODIT  JIS DATE OF DE			

6 D W W Salar State of the Salar

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

ENE	318	-20-1	6	3	1	2
		REG. NO.				

							KLO. 140	J.			
T DE	CEASED NAME	FIRST		MIDDLE	B	inks,	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOU	R
		Curtis	Sai	muel	3	ANKS	FEBRUA	RV 21	1986	10%	25 A
1.5E			RACE		5. DATE C	DAY VEAR	& AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	24 HRS MIN.
	Male		White			5 75 1907	78	YRS.			
	IRTHPLACE (STATE)	OR FOREIGN 7	b CITIZEN OF		TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH		
	ruitland, N		U.	S.A.	WIDOWE		Wicomico				M
10. CI	ITY OR TOWN OF	EATH 1			URSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST O		12b. KIND OF	F BUSINE	SS OF
	Lisbury				eral Hos	spital	Farmer				
13a S	AL RESIDENCE (IF N	136 COUNT	TY	130 CITY OR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		13-12	
	laryland	Wico	mico	Eden		YES NO	Allen Road		2182	2	5
ria.	ATHER'S NAME	M	DDLE	LAS		15 MOTHER'S MAIDEN NAM	ME		LAST		
-	Samuel				Banks	Emma	Jar	_	Richo	ardso	n
	VAS DECEASED EV		WAR OR DATES)		SECURITY NO.	17 INFORMANT Mrs.	Julia H. Ban	ks (Wife	e)		
	140			210-2	0-6606	Same as #1:	3e		130.30	2	
	18 CAUSE OF DE	ATH (Enter anly	ane cause per	line far (a), (	bi, and (ci.)				APPROXIA BETWEEN O	NATE INTER	DEATH
	TAKTI. DEATH	IMMEDIATE		129	SPIRATE	DRY HRREST					
			DUE TO, OI	R AS A CONS	SEQUENCE OF	c					
	Canditions, if a		( tb)	MA	SSIVE	STROKE					
	gave rise ta i	iting the	DUE TO, OF	R AS A CONS	SEQUENCE OF						
	underlying cou	use last.	(c)					MEDI			
7	PART 2 OTHER SI	GNIFICANT CO	ONDITIONS CO	NTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ita	1654	
CERTIFICATION		th	IFERT	ENS001	J			State of			
ICA	19a. DATE OF OPER	RATION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDING		
RTIF							YES NO	YES [		NO [	
	210. ACCIDENT WAS I		HOUR A.		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	( OR PART 2)		
MEDICAL	(IF EITHER NOTIFY M		P./		19						
AED	21d INJURY OCCU		21e PLACE (	OF INJURY	FFICE FARM, ETC )	21f LOCATION STREET	CITY OR TO	νN	COUNTY	\$1	TATE
•	AT WORK NOT	WHILE ORK								ь	
	22a I certify that		al) attended the	deceased f	27	2/15- 19 86	, to	. 19	4	hat (I) (w	
	saw the dece abave, (I) (we	ased alive an _ ) (did) (did nat)	view the bady	ofter death.	.196_, ar	d that in (my) (aur) apinian a	leath accurred on the da	te and hour a	nd fram the c	auses sto	ted
	22b. SIGNATURE		01	201		DEGREE	/		22c DATES	IGNED	1
	1			wills	WO/ 1	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	IAN 🗌	0/0	1/86	5
	22d PHYSICIAN'S	NAME (TYPE OR	PRINT)	1	100	22e ADDRESS			1		
	W	With	()	rure	cho MU	Salisbury, N	Maryland 2	1801			
23a. B	BURIAL, CREMATIO		23b DATE		The state of the s	EMETERY OR CREMATORY	23d. LOCATION		OUNTY		475
	Buria	1	2/25/	/1986	Parson	s Cemetery	Salisbury,				
	UNERAL DIRECTOR				0556	25a. DATE	B 25 1986	Sh. REGISTRA	R'S SIGNATU	REdal	6
-	Holloway F	uneral	Home, F	A., 'S	alisbury,	Maryland   L	8 20 1986 B	Tuna van	Indon	,	

DHMH - 16 60M 7/84 (VRA 15, 4)

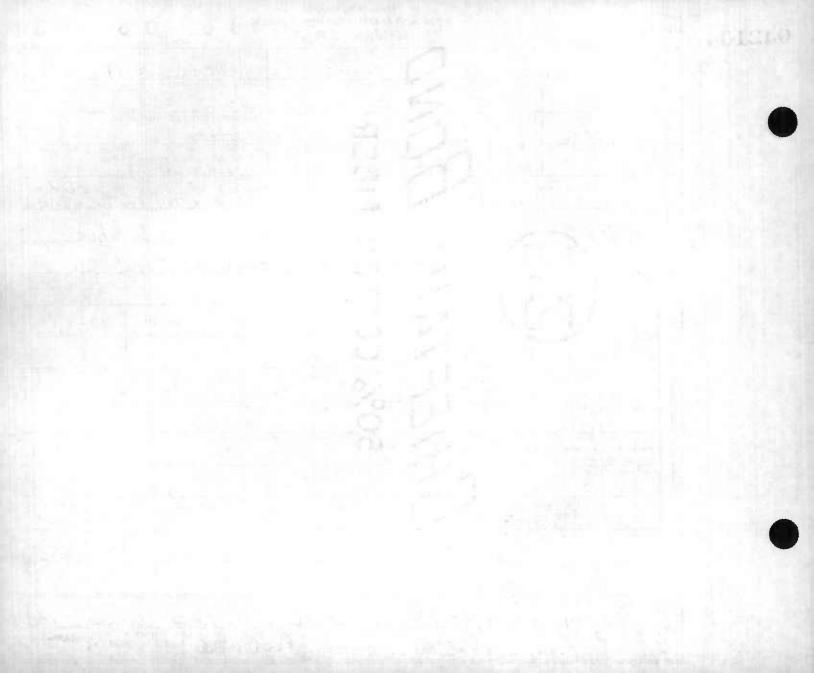
BP.

TO FUNERAL DIRECTOR.

should be detoched for use as the buriol-tronsit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

810830 Banks Leavinger and the



		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (3)	7 1 4
063123	1	STATE REGISTRAR	CERTIFICATE OF DEATH 8 REG. NO.	0 1 4
		CEASED NAME FIRS R	ebecca Mae Barrett 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
poge 3	3. SE	Kebe	eca Barrett 2 x6	UNDER 1 YEAR IF UNDER 24 HRS
offer, g	3. SE	. Female	MONTH DAY YEAR	THE DAYS HOURS MIN.
Pog Pog		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY? IS	FDEATH
eoth.		faryland	USA   MARRIED   NEVER MARRIED   Wicomico Cour	nty MD.
er de de de	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
201	P.	row Hill, Moi	Harrison House Postal Clerk	Postal
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours redending physician and central theory sectors. When this certificate has been signed by the attending physician and central the please remove carbon papers. Page mand the first hand mental hygiene prior to buriol, cremotion, or removal.  The and mental hygiene prior to buriol, cremotion, or removal.  The and mental shapes and injury, or other troumotic eventy-be medical resurrent and account account and account and account and account and account and account and account account and account account account and account account and account account and account account and account account account account and account	13a. S M.	aryland Wic	omico Snow Hill YES NO K Harrison House	Service Nursing Hom
MARYL maletic	) FZ	THER'S NAME William A	Thert Martin Sadie	Rohrbaugh
MORE,			NE WAD OD DATES	. 1117
LTIM		No -	216-28-8592   Betty Klempke, Route 2, Bo	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficate ficate pope pope novol			ED BY:	BETWEEN ONSET AND DEATH
N ST certil certil shing g ren or ren tic ev		IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	
death death streng		Conditions, if ony, which	( (b) Attens scless tie Cardiovas cular Ds.	
W. PRESTI hat the deal by the atter sse remove I, cremotion other troum		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
os, 20 signed nen plea o burio	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
ECORDI ow requ mit. The prior to ony inju	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED
nos bee now r nos bee permit.	IFIC.	196. DATE OF OPERATION	IN CERTIFYIN	NG CAUSES OF DEATH?
VITAL RE IN INSTITUTE TO INSTIT	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART	
SICIAN ng phy certific certific unol-fr		OR CONTRIBUTING CAUSE OF DE		
DING PHYSIC or offending After this certies on the buriol oith and Mentimmarked or then	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
NDIN NDIN I or Use o Use o Teolth			oital) attended the deceased from, 19, to, 19	
ATTE ospito CCTO d for n 21		sow the deceased alive of obove, (I) (we) (did) (did no	n, and that in (my) (our) apinion death accurred on the date and hour o	
by the hor ERAL DIREC State Dept.		22b. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL PHYSICIAN   OF THE PHYSICIAN MEDICAL PHYSICIAN PHY	2/26/86
TO HOSPITAL retoined by the should be det with the Stote		Robert J.	Theilly no Snew Hill and 21863	
D 5 5 4 3 ₹ 4		BURIAL, CREMATION, REMOVA	CITY OR TOWN	COUNTY STATE
BP		Burial //	3/1/86 Dulaney valley Celli. Timonium B	alto. Md.
DHMH-16 30M 2/80 (VRA 15, 4)	1	WERATORECTOR CON	mmon, 10 W. Padonia Rd. FEB 28 1986 Sulia Dau	r's signature
	JJ.	E. Lowell Lei	mmon, 10 W. Padonia Rd.   FEB 2 8 1986 Sulia Dec	Intoo - Marior ac

E tule lost controls and

Market Land Committee of the Committee o Switch Life Fill College

Fuelal state of the column of the control of the column of

Land Boy and Louis and Land No. 1977, 1977, 1978

FOR - STATE

REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	
	REG. NO.	

20. DATE OF DEATH MONTH

maki tang 21201	and within 24 hours after death. Page 4 may b	completes filled in the the factor of rector, page fond 2 minded to filed within 2 hours offer dee	Leavening must be mention photos.
DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., DALLIMORE, MARI LAIVO 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifiers the manner of the receiver ofter death. Page 4 may be retained by the haspital as attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending prycinal and samplered filled in by the united precior, page should be detached for use as the burial-transit permit. Then please remove carbon page. Then Page Chang a minist be then with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or other traumatic e-rate in medical examiners that the medical process.
	TO H	shoul with	IMPO

o Pe	t 1/2		CEASED NAME OR PRINT)	Richar		.ee	Beau	ichamp uchamy		1-Cbruare		DAY YEAR	26 HOUR
мож	10	3 SEX	(		1 RACE		5. DATE O	F BIRTH	6	AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
4	soft	,	Male		White		MONTH	S 11 193	33	52	YRS	MONTHS DAYS	HOURS MIN.
P09	2 471	To. Bil	RTHPLACE (STATE OR FO	DREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	-	BALTIMORE CITY O		OF DEATH	
leath	222	S	alisbury, Me	arylan	d U.S	S.A.	WIDOWE			Wicomico			MD.
after a			IY OR TOWN OF DEA	TH	II. NAME OF P	HOSPITAL, NURSIN THE FACILITY, GIVE STREET SULA GENEI	ADDRESS)	ROTHER INSTITUTION	N	20. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Truck Driv	WORKING LIFE	E) INDUSTRY	Star
OUTS		USUA	AL RESIDENCE (IF NURSI		DIHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		-				1 31df
n 24 h	135	M	,	Wic	omico	Salisbury	Y	YES NO T		36 STREET ADDRESS / 413 Patters	son A	venue	21801
4	22	14. FA	THER'S NAME Elwood	۸	AIDDLE E	Beauchamp		Ida FIRST	EN NAMI	Mae Mae		Burke	л
B	17		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU		17 INFORMANT Be 413 Patter	etty	Kate Ray™B Avenue, Sal	eauch isbury	amp (W , Md.	ife) 21801
0	11		18 CAUSE OF DEATH PART I. DEATH WA	I Enter onl AS CAUSEE		line for (a), (b), an	Pul	unary ar	unt				IMATE INTERVAL ONSET AND DEATH
death cer	ation, or re		Conditions, if ony,		DUE TO, OI	R AS A CONSEOU	thing	ardial I	loya	ulm		HK	18
that the	al, crem		couse (a), stating underlying couse		DUE TO, OI	RAS A CONSCOUR	NCE		0				
equires	Then plur ta bur injury, o	ATION	PART 2. OTHER SIGN	IFICANT C	onditions <u>co</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	IE TERMIN	val disease or cont	DITION GIV	EN IN PART 1	o
he law r	t permit	CERTIFICAT	19a. DATE OF OPERAT	ION	19b COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINDIE YING CAUSES S	
CIAN: T	al-trans atal Hyg em 18 st		210 ACCIDENT WAS UND.  OR CONTRIBUTING C	AUSE OF DEA		M. MONTH DA	AY YEAR	21c HOW INJURY O	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 21	
3 PHYS	the burned and wed ar H	MEDICAL	21d INJURY OCCURR	ED	21e PLACE			211 LOCATION STREET	1 32	CITY OR TOV	WN	COUNTY	STATE
TENDING	or use as af Health 21 is marl		220.1 certify that (1) saw the decease above, (1) (60) (4	(this hospit			86	19	76	to	te and hou		that (I) (6) last
the hasp	te Dept. of the De		27b. SIGNATURE	A Julie	M. C	UM)	(	DEGREE ATTENDI	DING	MEDICAL STAF	FIANGE	22c DATE	SIGNED /96
HOSPITA	should be down the Sto		226 PHYSICIAN'S NA	ME (TYPE OF	WWD			22e ADDRESS		- Salisbur		ryland	21801
₽ ₽ ₽ BP	- ÷ 3 <u>≥ ₹</u>	23o. B	URIAL, CREMATION, I	REMOVAL	2/22/	/1986 Sp	ringhi	EMETERY OR CREMAT	TORY Gard	ens Hebron	, Wice	omico,	Maryland
DHMH -	16 60M 7/B4 A 15, 4)		ineral director Holloway Fi	uneral	Home,			25		REC'D. BY REGISTRAR	256 REGIST		URE

THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.

								STAT	E OF M	ARYLAN	ND							
			FOR STATE			DE	PARTME	ENT OF F	EALTH	AND MI	ENTAL H	YGIENI	E .	0	6	-2		6
04	4073		REGISTRAR			MEDI	CALEX	CAMIN	ER'S C	ERTIFIC	CATEO	FDEA	THO	REG. NO	O	V		0
U I	30.0		EASED NAME	FIRST		n.M	LIDDLE		L	AST		F	Q DATE	KNOWN X	MONTH	DAY	YEAR	26 HOUR
	- in	17179	(DEPENC)	Thereon		4	. // "		Doc	also++			OF	ESTI- MATED		2	0.0	
	3988E	), SEX	- 1	Tyrone	5 DATE OF	L.P.S	Ma	AGE (IN YEA		ckett DER TYR.	Leconomi	2.1100		MAIEU	2- MONTH	DAY	1986 YEAR	N
	A DA SE	II. SEA		RACE	MONTH	DAY	YEAR 0.	LAST BIRTHDA	Y) MONTHS		IF UNDER		RONOUN	ICED	MONTH	DAT	TEAR	1:50
	S255%	1	7 1	NEGYU	7-	6-6	12.	23 YR	S.			00.00	DEAD		2-	2	1986	a. M
-	33 E	7± 85	THPLACE CHAI	108	76. CITIZEN	OF WHAT	COUNTR		6	D NE	VER MARRI	ED X	BALTIM	ORE CITY O	R COUN	TYOF	HTASC	
	品語の言語	-	Proble	4)	6	15 A			WIDOWE	-	DIVORC		TATi	comico	Cour	ntu		
	AL WAS	TI CI	TY OR TOWN OF	DEATH	II. NAME O	OF HOSPIT	AL NURSI	NG HOME				II2a. USU		PATION (TYPE			ND OF BU	SINESS
	PASES.	/			(IF NOT IN	SUCHFACILIT	TY, GIVE STREE	T ADDRESS)				FORM	OST OF WOR	KING LIFE)		OF	RINDUSTR	14. 14
	300 Kg	1	Salisbur	Total Control of the		insula	a Gen	eral	Hospi	Ltal		121	4 DOY	ER		10	ans	poilab
- 5	40550	III S		IN NURSING HOME OR		ITION, GIVE RE	3c. CITY OF	RICHAIS	7/	13d INSIDE CI	ITY LIMITS?	130 STRE	ET ADDRE	SS-y	0	1	2/11	151
27.7	名名権を知り	1	Ma	Word	este	2R	But	VIN		YES 🗌	NO D	HT:	并之	Box	97	1	18	
9	1000	14. FA	THER'S NAME			0				IS MOTHE	ER'S MANDE	N NAME			,	-		-
w	EN POR		FIRST FO	48001	MIDERE	B	P. 12	077			Men	who		h /	Her.	da	LAST	
0	200	Ján V	AS DECEASED E	VER IN U.S. ARM	ED FORCES	52 1	16b. SOCIA	L SECURITY	NO.	IT. INSCIRN	AANT.	recy	1	ADDRESS	4			
J.	田型おおり		S, NO, OR UNKNOWN							11:	less	P.	h.A	11	1	1	201	
3	AREAS									jugue	ruer	120	EN	10	Cr. 18	(2) 64	JUNE	ne
-	28× = 2			DEATH (Enter only H WAS CAUSED			4 4				/						PPROXIMATE	
2	A PARENT		PARTIDEAT	IMMEDIATE	E CAUSE (o	Puli	monar	y Emb	oli		-/	5				1 0		
5	255 E 25	-			( DUE	TO, OR AS	A CONSE	OUENCE C	F		7 1	1110	7794					
95	E-SEE			if any, which	1													
2	A PARA			ta immediate	(b		A CONSE	OUENCE C	c							-		
- 6	BAS ANN		lying couse		1000	10,011 45	7 601136	OULINCE										
	35.34.55				(c)													
8	MANAGERA	-	PART 2 DTHER SIGNI	FICANT CONDITIONS CO	DATRIBUTING T	D DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE	DR CONDITION	N GIVEN IN PAI	RT 1 (a						
99	# See See	CERTIFICATION	a laborate					10.00	10.75			-						
2	5 5 5 5 7 /	3	19a. DATE OF O	PERATION	19h. 0	CONDITIO	N FOR WH	IICH OPER	ATION WA	AS PERFOR	MED?			30.00		20 /	AUTOPSY?	
Ž.	古名芸品の雪	1	U. Valor													,	YESXX	NO 🗆
2	MENT SELECTION OF THE CONTRACT	英	210 EXTERNAL			IME OF IN			21c HO	WINJURY	OCCURRE	D LENTER N	ATURE OF IN.	IURY IN ITEM 18 I	ART I OR PA		/12	
Z	A HOUSE		UNDERLYING	OR			NONTH D.	AY YEAR										
05	E 0 1 1 2 2	MEDICAL	TIA. INJURY OCI	CAUSE OF DI		P.M. PLACE OF I	INTERV	19	21f. LOC	ATION								
2	BEREAG	ME	ALBERT .		STI	REET, FACTORY	Y, FARM, ETC )	AT TOME,		REET			CITY OR TO	WN	co	UNITY		STATE
	WAR WAR	100	AT WORK	AT WORK												h. =		
	D. S.		22a. Lcertify t	thof Ptook charge	of the rem	ains describ	ed abave	held on	Autopsy	XX.	Inspection	. []	Inquiry		d in my aj	DIDIOD		
	# DE SES	3	death resulted/	/	ol courses X	Jel 1	cident [		Ge .	Homic			rmined mo		2 m my 0	pillon		
	AT OF S		dealin resolied	1401070	-	7/	cideiii _	1 0	the F			Undere	rminea mo	anner,				
	20325	1	ACTUAL /	101111	110)	74	Man 7	n 10	111	TITLE		+			DATE		2-3-	06
	NEAL SHOULD SEAL S		SIGNATURE U	-colu	,000	70	1	17.00	M.[	ASS.	istan	L_MEDI	CALEXAM	INER	SIGNE	ED	2-3-	00
	95 300		EXAMINER'S NA	ME Don	nic E	Croxx	+1/ M	1 D			111 D	onn S	2+	Ral+o	МЭ		21201	
	A SECOND		TYPE OR PRINT	) Dell	nis F	• Silly				DOKE 33_				Balto.	, Mu	• 4	1201	
	E02549	23a.Bl	IRIAL, CREMATIC	ON REMOVAL 23			23c NA	ME OF CEM	ETERY OR	CREMATO	ORY	23d. LQ	CATION		COU	NIY	) ST	Л
07/84	BP		Duria	0	1-8-	86	1.60	wer	rees	~ .		13	erle	w 1	Uoz	0-	me	L.
25M	DHMH - 17	24. FL	NERAL PIRECTO	JR /	20 1	. Ques	RIE	2 00	12000	Ral	250. DATE R	REC'D. BY	REGISTRA	R 25h REGI	STRAR'S	SIGNAT	URE	
	(VR A15 ME (5))	>	alley 7	3 tem, 6	unpl	APORESS	Sal	islin	415	nd.	FFR	10	1000	Falia.	Davida	A	ander	
		-	-/									/	1000	7				

STATE OF MARYLAND

86 06317

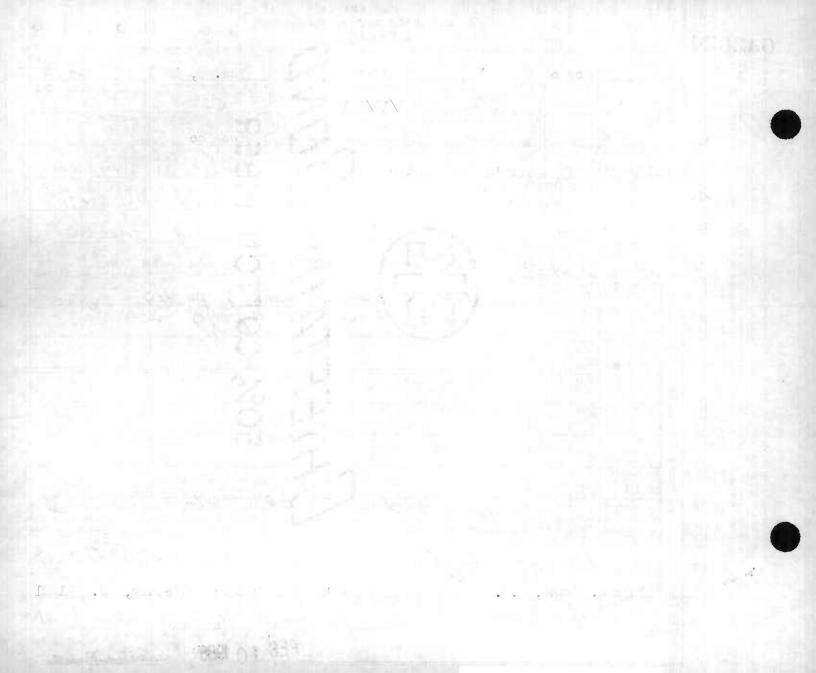
/		REGISTRAR CEASED NAME ##ST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	H DAY YEAR 26 HOUR
84	-41996	SA	ARAH Taylor	BEYE	2	-26-86 3:30 A
1	E.SE	F=1 - QL 3/V 3000 11 - 35	4 RACE	5. DATE OF BIRTH  08 09 1897	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
100	7/2 BI	Female	White 76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR CO	YRS UNITY OF DEATH
235	P	rincess Anne, Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	WICOMICO CO	
90		ISBURY	SALISBURY NURS	ING HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  Housemother	12b. KIND OF BUSINESS C KING LIFE) INDUSTRY
35	M	TATE TOUN			RFD #3 Box	
190	2	FW12	AIDDLE Taylor	Henriette	a L.	Layfield
Popes,		VAS DECEASED EVER IN U.S. ARI VES NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 166 SOCIAL SECTION (160 SOCIAL SEC	7444 Lemmon Hill	hn B. Parsons H. I, Salisbury, Mar	ome yland 21801
T T T		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), as	INATORY AIR	1257	APPROXIMATE INTERVAL BETWEEN ONSET, AND DEAT
6 5 5 5 4		cause (a), stating the	DIJE TO OR AS A CONSEQUE	ENCE OF		
r Then please re or to burief, cree y injury, or other	TION	underlying cause last. PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TER		
has been signed by the please as ene prior to build creater prior or building creaters and allowed by the please of the please o	TIHCATION	underlying cause last.	ONDITIONS CONTRIBUTING TO	10 SIEMUSIS	200 AUTOPSY? 206	IN GIVEN IN PART ITO  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \) \( \text{NO} \)
entropie has been signed by the obtained by th	CAL CERTIFICATION	underlying cause last.  PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED  21c. HOW INJURY OCCU	20a AUTOPSY?   20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
to the certificate has been signed by the burial transit general. Then please as and Merital Hygiete prior to tiplical, see ed or Item 18 shares any injury, or other	MEDICAL CERTIFICATION	UNDERLYING COUSE TOST.  PART 2 OTHER SIGNIFICANT COURSE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21g. INJURY OCCURRED	ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED  216. HOW INJURY OCCU 19 216 LOCATION	206 AUTOPSY?   206   IN (	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
OB. After this centricide has been signed by the outen signed by the outen the burds transit permit. Their please and Health and Mestal thygiene prior to busins, credited the state of them 18 shows any nivry, or other 18 shows any nivry.	10000	UNDERLYING COUSE TOST.  PART 2 OTHER SIGNIFICANT COURSE.  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER: 21a. IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER: AT WORK AT ONE AT WORK AT WORK SAT WORK SAT WORK SAT WORK SAT WORK SAW the deceased alive and	ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  11b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED  AY YEAR 19 216. HOW INJURY OCCU STREET 19 19 216 LOCATION STREET	206 AUTOPSY? 206 IN ( YES NO TO THE PROPERTY OF INJURY IN IT	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO SEMILE PART 1 OR PART ?]  COUNTY STATE
At DRECTOR, After this centricone has been signed by the Stocked for use as the buriof transil periods as the Design of Health and Merida flygiette prior to buildi, centrif Design of Health and Merida flygiette prior to buildi, centrif I frem 21 is marked or fem 18 shaws any injury, or other	10000	UNDERLYING COUSE TOST.  PART 2 OTHER SIGNIFICANT COURSE.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER; 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER; AT WORK AT WORK  22a.1 certify that (i) (this haspit	ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  11b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED  AY YEAR 19 216. HOW INJURY OCCU 19 FARM, ETC.) 216 LOCATION STREET  DEGREE  ATTENDING	206 AUTOPSY? 206 IN ( YES NO TO THE PROPERTY OF INJURY IN IT	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  19 that (I) (we) If the double of the
PUNERAL DIRECTOR, After this centricone has been signed by the detached for use as the buriof transit sent Their please is the State Dept. of Health and Merida flygiette prior to buildi, see ORFANT. If them 21 is marked or them 18 shaws any injury, or other	10000	Underlying cause last.  PART 2 OTHER SIGNIFICANT C  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER; 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (i) (this haspit saw the deceased alive an above, (l) (we) (did) (did and above, (l) (we) (did) (did not above, (l) (we) (did) (did) (did)	ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH THE PROPERTY OF THE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  al) attended the deceased from the body after death.  PREPRINTS	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED  PAY YEAR 19 216. HOW INJURY OCCU STREET  19 216 LOCATION STREET  19 20 217. and that in (my) (aur) aprilian  DEGREE ATTENDING PHYSICIAN  220. ADDRESS	200 AUTOPSY? 200 IN C YES NO TO THE PROPERTY OF INJURY IN IT CITY OR TOWN  CITY OR TOWN  A death accurred an the date or  MEDICAL STAFF DIRECTOR PHYSICIAN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO CENTRY NO COUNTY  STATE  COUNTY  STATE  19  10  10  10  10  10  10  10  10  10

DHMH - 16 60M 7/B4 (VRA 15, 4)



SALISBURY, MD 21801

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VRA 15, 4)

1300 5. O. vision 5t., Salisbury, E. Martin M.D. 23c NAME OF CEMETERY OR CREMATORY 236 DATE Cremation 2/23/1986 Salisbury Crematory Salisbury, Wicomico, Maryland Holloway Funeral Home, P.A., Salisbury, Maryland FEB 26 1986 Julia Bardon Mandall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

126. KIND OF BUSINESS OR

Ragan

COUNTY

22c DATE SIGNED

day nedo The Standard of the Standard o

				STATE OF MARYLAND		
070153	1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 8 6 0	6320
. 0200		REGISTRAR			REG. NO.	
e 65		CEASED NAME FIRST	MIDDLE	LAST .	24. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
.0 0 0		TAA	JANE	BOWDUIN	2-20-86	7 204 ·M
Pog.	3. SE	4.	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS EAST BIRTHDAY)	# UNDER TYEAR IF UNDER 24 HRS
s offi	6	emple	White	MAY 27 1891	94 YR	
00 to 10	7a BI	RIHPLACE (STATE OR FOREIGN / 76	CITIZEN OF WHAT COUNTRY	8	9. BALTIMORE CITY OR COU	
of the other	100	DARYLAND	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	<b>~</b>
de for	10. C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
- 5 50 7	15	Vishieri	WICCOL CO	Mism Home.	(TYPE OF WORK FOR MOST OF WORKIN	
haurs of d in by the file	JUSU.	AL RESIDENCE (IF NURSING HOME OR OIL	HER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	· 11100secupe	Veneric
24 h		TATE BACOUNT	1/01-0		130 STREET ADDRESS / ZIP G	
	S6 FA	ITER'S NAME	nse/ Chistie	YES NO NO		reel MOAD
with with	17	FIRST	POLE MAST	FIRST	MIDDLE	LAST
comple	1	MARIES C	11100	SE HUNA	LAWSON	MooRe
o but the	100	DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 : 1 /2/
S. Poo e			617-01-	4632 INRS FUA	HALL (115)	reld Md.
i, BALLIMOKE, MAKTLAND ficate be executed within 24 physician and campletely fille papers. Page 1 and 7 hbuld naval. ent file medition and markets		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a), (b), a	nd of	1.0-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph on p emo		IMMEDIATE		moran 2	mari	
4 80 5			DUE TO, OR AS A CONSTOL	JENGE OF	, /	
death or no other agreements or the mindred or carbon regulation or carbon		Canditians, if any, which	( (b) Old	Tracter	ed his	
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF	-	1 -
2 1 1 1 1		underlying couse lost.	1 10 alsol	solved a	140 Sil	era,
gned ires 1	- 3	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT OF RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART 1101
RDS, 2	CERTIFICATION					
Prior be	AT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		YES, WERE FINDINGS USED
The lo	Ē				YES NO NO	RTIFYING CAUSES OF DEATH?  YES NO NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requirentending physician. When this centificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to bricked or them 18 shaws any injur orked or them 18 shaws any injur	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
SICIAN MB ph no ph certification or control		OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH I	DAY YEAR		
PHYSICIAL This certifi This certifi The burial-tr ad Mental	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
O Pr	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
DING P or other ti te as the alth and marked		220.1 certify that (I) (this haspital	Lattended the decessor from	16 Sanco 10	10 20 Vil	1986, that (I) (we) last
Z O O E	0	saw the deceased alive an	7 W 86 19		death occurred an the date and	
RECTO		obove, (I) (we) (did) (did not)	view the body ofter death.	DEGREE		226 DATE SIGNED
0 4 0 40		///ms	ALIM A	MA ATTENDING	MEDICAL STAFF	711216
Store de la		77 PHYSICIAN'S NAME THIS DIT	The state of the	PHYSICIAN (	DIRECTOR PRYSICIAN	17/2006
HOSPI Pined b FUNES wild be ORTAN		THE PRODUCTION OF THE PARTY OF	*****	THE ADDRESS		
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State IMPORTANT. If	_					
	23a. 1	PECIFY)	236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	0.	DURIAL	3123/86 1	730014	Cnisfield	demenser md.
DHMH - 16 50M 4/83	24 F	INERAL DIRECTOR	^ ADDRESS	25a DA	TE REC'D. BY REGISTRAR 756. REC	SISTRAR'S SIGNATURE
(VRA 15, 4)	1	teegl . Starls	my Cerefiet	C MY EDD D	Q 1000 de 1	i.A. , 10 2.00

and the second of the second o The same of the same of the same of the same THE PART OF THE PA

		FOR			DEPART		E OF MARYLAND EALTH AND MENT.	AL HYGIENE	0 4	0 4	7	2
52183		STATE REGISTRAR				CERTII	ICATE OF DEAT	H	REG. NO.	0 0	, 0	60
. Ć.	1. DEC	OR PRINT) BE	rhice	, M	IDDLE	20	AST	2c. D	ATE OF DEATH M	ONTH DAY	- 1	b. HOUR
may be page :		Dist			G.	1201	ules			2 - 3.	860	1-6/M
4 200	3. SE	T. 1.		4. RACE		5. DATE (		6. AC	E (IN YEARS LAST BIRTHO	MONTH:		FUNDER 24 HRS HOURS MIN.
direct direct hours	7o Bi	RTHPLACE (STATE OR F	OBESCH	Nh. CITIZEN OF V	te CHATCOUNTRY	2	- 18 - 1	01	84	YRS.	FAYN	
he funeral within 72 h	(	Texas		USA		WIDOW		ED W	icomico		EAIH	MD.
by the filed w	ali	TY OR TOWN OF DEA	1	eer's H	ead Cent	er, S	alisbury,	(TYPE	JSUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF W	ORKING LIFE) IN	b. KIND OF E IDUSTRY	BUSINESS OR
filled in		AL RESIDENCE (IF NURSI TATE aryland			POCOMO		138. INSIDE CITY LIA YES NO	AITS? 13e.S	reet address / 2 ynnhaven	IP CODE	0	21851
	_	THER'S NAME				110	15. MOTHER'S MAID			DITA		210)1
completely 1 and 2 st	0	George	^	H.	Wright		Ida	1.	F.		Barl	OW
ond co Pages 1	1000	VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES?	550-22		17. INFORMANT		101 APPES	h Stre	apt.	
		18 CAUSE OF DEATH	(Enter onl	y one couse per l			1 00022 1	1011 0011	TOCOMOR	E OLO	APPROXIMA	TE INTERVAL SET AND DEATH
hos been signed by the after thin permit. Then please remove con the prior to buriol, cremation.	CERTIFICATION	PART 2 OTHER SIGN	III CANT CO	(c)	(1)	DEATH BUT	NOT RELATED TO THE	5/00	AUTOPSY? 12	OD IF YES, WER	RE FINDING	S USED F DEATH?
priod-transit	CER	21a. ACCIDENT WAS UND		216, TIME OF HOUR A.M		AY YEAR	21c. HOW INJURY (		INTER NATURE OF INJURY II			140
Mental or Item	CAL	OR CONTRIBUTING C		P.N		19						
th and W	MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR		21e. PLACE O	F INJURY ET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	CC	DUNIY	STATE
. of Healt n 21 is mo		22a.1 certify that 10 saw the decease above, (a) (we) (d				P6 01		ppinion death	occurred on the date	ond hour and t		ot <b>X</b> (we) lost uses stated
detached for tote Dept. of t		22b. SIGNATURE	K	1000	m. 19	10		DING MEI	DICAL STAFF	11	2. DATE SIC	SNED 8
should be deto with the State [ IMPORTANT: If		X. YOC			r's Head	Cent	er, P. O.	Box 20	18, Salis	bury, M	D 2180	01
F 70 3 3	(:	URIAL, CREMATION, F	REMOVAL	100		NAME OF C	EMETERY OR CREMA	TORY 230	I. LOCATION	TOUR 3	NIV	STATE
		Burial		2/6/	86 F	irst	Baptist,	Cem.	Pocomoka	Worce	ster	Ma
- 16 50M 4/83 RA 15, 4)		NERAL DIRECTOR	mel	sar :	Pocomo!	ce Ci		FR 13	1986 4	REGISTRAR'S	SIGNATURI	10L

005400	١,	FOR			DEPA		E OF MARYLAN EALTH AND ME		ENE 🖒	4	n	6	7 .	) )
065192	11	STATE REGISTRAR				CERTIF	ICATE OF DE	HTA	0	REG. NO.	C	O	0 6	a dia
		CEASED NAME	FIRST	- 19	MIDDLE	-	AST		20 DATE OF D	EATH M	ONTH [	DAY YEA	P 2b HC	
ge 3			ENDA	1	W.	130	2mAI	0	FEB.	RUAL	RY 1	3 191	6 3	DOPM
DE GO	3 SE.	K	4 R	ACE		S. DATE O	P1	YEAR	6 AGE IN YEA	RS LAST BIRTH	04/	IF UNDER 1 Y	EAR IF UND	DER 24 HRS
1 11		female		whi	te	Nov		1905	M. C.	80	YRS			
A 40 40 40 40 40 40 40 40 40 40 40 40 40	1	RTHPLACE (STATE OR FO COUNTRY) Virginia	1	US.		MARRIE		RCED 🗌	9 BALTIMOR		COUNTY	OF DEATH		MD
5		TY OR TOWN OF DEAT Lisbury				RSING HOME OF	spital	UTION	120 USUAL OF	OR MOST OF V	VORKING LIFE		D OF BUSI	NESS OR
BALTIMORE, MARYLAND 2120  CORE DE greequied within 24 house spirit Page and 2 house mad 2 house mad 1 house and 1 house mad 2 house mad 1 house mad 2 house house mad 2 house mad 2 house	Lv	AL RESIDENCE OF NUR INSTALLE  irginia  THER'S NAME	OR OTHE UNITY COM		100. 0111 010	efore admission) town ackvil	13d. INSIDE CITY	10 🗆	136.STREET AC			99	23356	5
MARY IN THE STATE OF THE STATE	1	George	E		Mumf		Mar	y		Jane			ttit	
IMORE,		VAS DECEASED EVER IN VES NO OR UNKNOWN) NO	U.S. ARMED (IF YES, GIVE WA			4-7544	Norwo		mbrow	300°	Seco	ond S	Streety, I	vid.
L. BALI		18 CAUSE OF DEATH PART I. DEATH WA	Enter only or		Pes P	IR ATOR	y Fai	lure	)			BETW	ROXIMATE IN TEN ONSET A	TERVAL ND DEATH
res that the direct central please burief, and present the present of please removed. Crementon, or time burief, crementon, or time by, or other freumotic even.		Conditions, if any, gave rise to imme cause (a), stating underlying cause	the lost	DUE TO, C	OR AS A CONSE	EQUENCE OF	osfuc					EN IN PAR	T lta	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The low requires th ottending physician. After this certificate has been signed by so the burial-transit permit. Then plea th and Mental Hygiene prior to burial, orked or Hem 18 shows any injury, or the second of the second or the second	CERTIFICATION	19a DATE OF OPERATION			95%	HICH OPERATIC	N WAS PERFORA	MED	200 AUTOP	NO	IN CERTIF	, WERE FIN YING CAU	IDINGS US SES OF DE NO	ATH?
OF VIT		210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH		DF INJURY m. MONTH P.M.	DAY YEAR	21c. HOW INJU	JRY OCCURRE	D (ENTERNATU	RE OF INJURY	IN ITEM 18 P.	ART I OR PART	2)	
IVISION IG PHYS offending fer this of sthe burn ond Me	MEDICAL	21d. INJURY OCCURRE	D		OF INJURY	FICE FARM, ETC )	211 LOCATION STREET			CITY OR TOWN	1	COUNTY		STATE
TENDIN ontol or TOR: At-		22a.   certify that (I) (I saw the deceased abave, (I) (we) (dia	alive on				nd that in (my) (a	19 ur) apinian di	, to	an the date			, that (l)	
AL OR AL the hosp AL DIREC letoched is site Dept.		224 SIGNATURE	RJU	ew the body	y after death.	M	DEGREE ATT	ENDING	MEDICAL DIRECTOR	STAFF PHYSICIA	ND	22c. D/	ATE SIGNE	D
TO HOSPITA retoined by 1 TO FUNERAl should be de with the Stati		PAUL R	AE (TYPE OR PRI	uR	y		305			1		City	Mo	1
149 BP 99	230 B	URIAL, CREMATION, RI	EMOVAL 2	36 DATE/ 2/16			emetery or cr rankli		n 23d LOCAT	nbac	kvil	le W	lor.	STATE Md.
DHMH - 16 60M 7/84	24 F1	INERAL DIRECTOR			4000			250 DATE	REGID BY SE	SISTRAR 25	b REGISTI	RAR'S SIG	AATURE 00	
(VRA 15, 4)	1	cott 1	molas	Po	ocomok	e City	. Md.	LED 4	4 130	Jun.	M ANEUL			à i

The state of the s

Tempson - Tempso

Carlotta City and the second of the second o

Taken historia in the second of the second of the second

Detrem alianded with military main and the Leiver

the out of the complete with and the sea series

~ 100	1.	FOR STATE	DEPARTMENT	STATE OF MARYLAND T OF HEALTH AND MENTAL HYG	HENE 8 6 (	632			
5188	I. DE	REGISTRAR  EASED NAME FIRST	MIDDLE	ERTIFICATE OF DEATH	REG. NO.	DAY YEAR 126 HOUR			
poge 3 er deoth		ORPRINT) EYKEI	Bennett	BOZMAN	2	14 84			
ofter o	3 SE		RACE 5. t	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HI MONTHS DAYS HOURS MA			
hours	70. BI	Pemale RTHPLACE (STATE OR FOREIGN 71: OUNTRY)	CITIZENI DE WHAT COUNTRY? 8	Sept.6,1906  MARRIED NEVER MARRIED	79 YRS.				
funerol tha 72 h	. (	Oriole	U.S. WI	IDOWED DIVORCED	Wicomico				
by the	S	alisbury	1. NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS REPORT OF WALK MA	anor	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  Housewife	12b. KIND OF BUSINESS INDUSTRY			
Affled to	130 5	AL RESIDENCE (IF NURSING HOME OR O' TATE  NAME OF THE NURSE HOME OR O' TATE	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMITY  13c CITY OR TOWN  Princess	Annes No R	13e.STREET ADDRESS / ZIP CODE	21853			
mplents) occid 2.1h	14. FA	THER'S NAME	Bennett	15 MOTHER'S MAIDEN NAME FIRST		Dashiell			
10		AS DECEASED EVER IN U.S. ARMI			ADDRESS	Daomeri			
loven loven		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for 101, (b), and (c) BY:  CAUSE (a) Crebral	Thrombosi	,	BETWEEN ONSET AND DEA			
by the ottendings remove cort, cremotion, or other troumoti		Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.	DUE TO, ORAS A CONSEQUENCE (b) ORLINIAL DUE TO, OR AS A CONSEQUENCE	(Interios cler	OSis	years			
signed the pleo to buriol, njury, or o	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	IH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART TEO			
hos beer 1 permit iene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO N			
certificate h		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)			
s the bur s ond Me rked or H	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, E	23f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
W 0		220. I certify that (this hospital	to 14 19861	on 23 , 19 86 , and that in (my) (our) opinion of	to the dote and house	19 86 , that (# (we)			
CTOR. All for use of Health		obove, #1 (we) (did) (did ot)	view the body ofter death.						
AL DIRECTOR, A detached for use of the Dept. of Healt II. If them 21 is ma		obove, 41 (we) (did) (did) (did) (226 SIGNATURE	2 Helps. 1	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Z/14/8			
TO FUNERAL DIRECTOR, An should be detected for use of with the State Dept. of Health MAPORTANI: If them 21 is made.		obove, #1 (we) (did) (did ot)	2 Helps. 1	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN -	Z/14/8			

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

M. FLINERAL DIRECTOR/

Cemetery Princess And Somerset,
1250 Date RECD. BY REGISTRAN 256 REGISTRAN'S SIGNATURE
PULL FEB 21 1986 June Davidson Andrew

And the state of t

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 055116 CERTIFICATE OF DEATH REG. NO DECEASED NAME 7h HOUR Bradley TYPE OR PRINTS 0150 Katherine Bessie 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF LINDER LYEAR Female White 10 1921 06 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Guilford, North Carolina U.SA Wicomico WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY Salisbury Peninsula General Hospital 130 STREET ADDRESS / ZIP CODE 804 Hanover Street Apt B Maryland Wicomico Salisbury 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Freshwater Zimmerman Minnie 17 INFORMANT Route #1 Box 314 Salisbury, Maryland 21801 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES HON UNKNOWN) HE YES. GIVE WAR OR DATES! 244-18-4340 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: minute IMMEDIATE CAUSE (D) AS A CONSEQUENCE O UO Chr Canditions, if ony, which gave rise to immediate couse (o), stating AS A CONSEQUENCE OF underlying cause CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOW YES T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC ) NOT WHILE 220 | certify that (1) (the booketal) attended the deceased from sow the deceased alive an ON 10 above, (1) (we) (did not) view the body ofter death and that in (my) (exis) apinion death accurred on the date and hour and from the causes stated 22b. SIGNAJUR DEGREE 22c. DATE SIGNED

ATTENDING

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATOR

MEDICAL

PHYSICIAN MIDIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

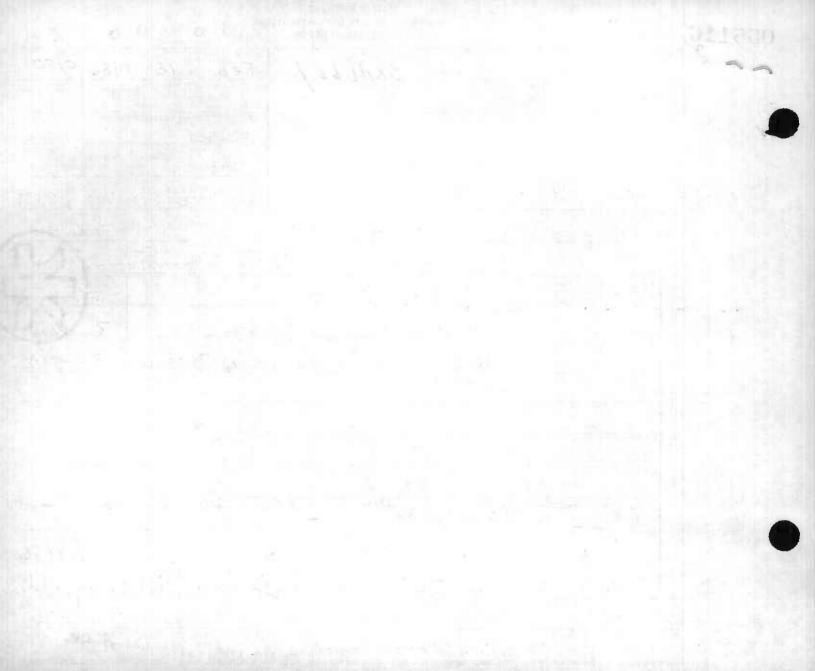
2/21/1986

230. BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

Parsons Cemetery Salisbury, Wicomico, Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STAFF



05040		FOR - STATE		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL H	YGIENE &	0 4 7 0				
06610	2	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	0032				
ea the		DECEASED NAME TYPE OR PRINT) Wil	lie Edwar	3 1/	RATTEN	20. DATE OF DEATH MO	23 1986 1448				
Pod .	3	SEX	4. RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN				
ge 4		black mal	black	5/2	8/1933 YEAR	52	YRS.				
nerol dir	6	BIRTHPLACE (STATE OR FORE) COUNTRY) Maryland	GN 76. CITIZEN OF WHA	T COUNTRY 0	D NEVER MARRIED	BALTIMORE CITY OR C	9 BALTIMORE CITY OR COUNTY OF DEATH				
s ofter d	111	CITY OR TOWN OF DEATH alisbury		ITAL, NURSING HOME O		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W.  truck dri	ORKING (IFE) INDUSTRY				
24 havrs	(/)	SUAL RESIDENCE (IF NURSING IS STATE Delaware	COUNTY 13c.	esidence before admission) Trankford	13d INSIDECITY LIMITS?	13e STREET ADDRESS / Z					
MAKYLA ed within mpletely ond 2 sh	23	FATHER'S NAME	R. Bratten	LAST	15. MOTHER'S MAIDEN I		LAST				
e execute n and car Pages 1	3	WAS DECEASED EVER IN I	J.S. ARMED FORCES? 16b	SOCIAL SECURITY NO. 2-18-6593	17 INFORMANT	ADDRESS					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The law requires that the circuit criticate be executed within 24 hours often this certificate has been signed by contending physician and campletely filled in by as the burich-transit permit. Then please mineral background appears. Pages 1 and 2 should be fill thand Mental Hygiene prior to burial, or qualities, or content oval.	4	Conditions, if any, who gave rise to immedicause (a), stating	DUE TO, OR AS a	a CONSEQUENCE OF	orcinoma o	flung-met	as fatte when onset and death				
AL RECORDS, 201 he law requires then has been signed he permit. Then plee ene prior to burial ows any injury, ar	CERTIFICATION			IBUTING TO DEATH BUT		RMINAL DISEASE OR CONDIT	ION GIVEN IN PART TO  OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES \( \text{YES} \) NO				
VITA TOTAL T	7	210. ACCIDENT WAS UNDERLY	1100.00	URY MONTH DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	LITEM TE PART I OR PART 2)				
VISION OF  G PHYSICIA offending ph er this certifi s the burial-it and Merital	7	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	XAMINER) P.M.  21e. PLACE OF IN	19	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
Spiral or spiral or of for use of Health		220 L certify that (1) thi	s haspital) attended the dec	19 86	nd that in (my) (aur) apini		and hour and from the causes stated				
y the hory the hory the hory the hory to deteched deteched to be put to the period to	_	27% SIGNASTINE	u	- n		MEDICAL STAFF QIRECTOR PHYSICIAL	2/24/86				
TO HOSPITAL etoined by and Funeral should be de with the Stott			3, Silvia J		770		e Salisbuy MD				
unaga	23	BURIAL, CREMATION, REA			EMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE				
19 9 BP 7		Burial	3/1/86	Frien	dship Cem.	Lewes, De	elaware				
DHMH - 16 60M 7/B (VRA 15, 4)	34	Per Kant	latera	Millsbor	o, Del CER	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE				

tentimo | waviri | horris Electrical of the contract of Maring R. Butten Viel Brother Scott 

Austria 17776 Friedrick Com. Terms, Doing Std.

The land of the second of the

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 and that in (my) (aur) opinian death occurred an the date and have and from the causes stated 22c. DATE SIGNED 2/20/1986 PHYSICIAN XDIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LTYPE OF PRINT Benito S. Chan, M.D. 547D Riverside Drive, Salisbury, Md. 21801 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 2/22/1986 Mt. Pleasant Cemetery Willards Wicomico, Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Holloway Funeral Home, P.A., Salisbury, Maryland

STATE OF MARYLAND

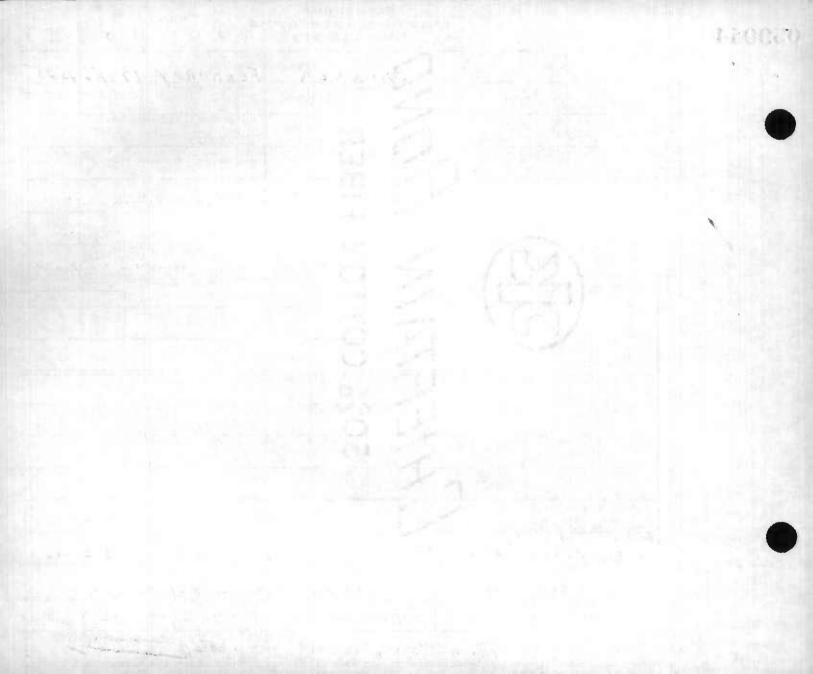
2b HOUR 10:30 p.m

DAYS

176 KIND OF BUSINESS OR

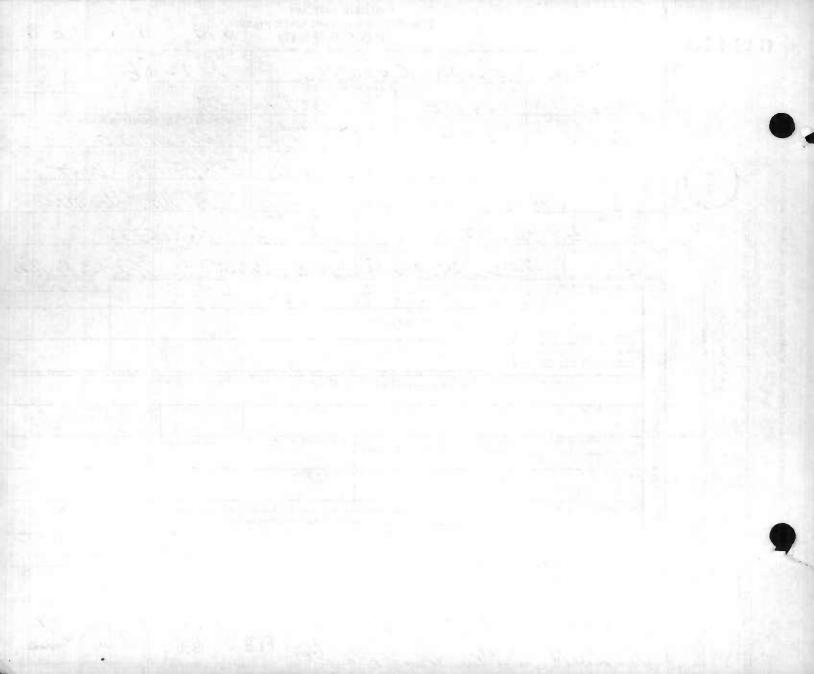
S. Post Office

DHMH - 16 50M 1/B1 (VRA 15, 4)



0 - 4 4 4 0	1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	BIENE 8 6	06328
041113	1 05	REGISTRAR	MIDDLE	LAST	REG. NO	
m= 10		CEASED NAME FIRST	WIDDLE	/ LASI	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
moy be poge 3 er deoth		OVELL	WILLIAM	HILDRESS	1-2-	86
E ë	3 SEX		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
ge 4		MAIE	MULTE	MONTH DAY YEAR	101	MONTHS DAYS HOURS MIN
direct	Zn Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	7 20-21	9 BALTIMORE CITY OF	R COUNTY OF DEATH
72 h		DUNTRY 1	1161-	MARRIED NEVER MARRIED	11711	
, de de		NIC.	UDIT	WIDOWED DIVORCED	WICE	MICO MD.
fer .	10 CI	TY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREET)	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
5000	5	ALISBURY	1605 Mr.	HERMEN KD.	CHKMOI	VIER-BUST
132	USW	TALL TO THE STORY OF THE STORY	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13e STREET ADDRESS	121901
MARYLAND 21201 ted within 24 hours compared to the terminal termin	5	mo III	16 50/191	YES AN NO T	1/2/75	or HARMIN
Ž ģ	IA FA	THER'S NAME	C Contract	15 MOTHER'S MAIDEN NA	ME	, , , , , , , , , , , , , , , , , , , ,
AR A TOTAL	1	E, FIRST // //	MIDDIE A OF CCLAST	1686,6	- MIDDIE	PECS LAST
	114- 11	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRE	(C)
BALTIMORE, cote be execution and expers. Pages wel.  It, the medical	(Y	ES, NO OR UNKNOWN] (IF YES, GIVE	WAR OR DATES	1-7 MAM - 1	Tues or	Same a Ma
TIM be o		485 W	WI W10	6(28 1114/11/12 01	111 IK 035	JAK150084 11115.
ficate physical popular in a po			ly one couse per line for (a), (b), a	ndy(c1.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph ph		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) POS	tate (ain)	cov	
0.			DUE TO, OR AS A CONSEQU	IENICE OF		
RESTON of death ce death ce and death ce and death ce death continuous corticulary or traumatic	100	Conditions, if any, which	(b)	SERVEE OF		
BK 4		gove rise to immediate couse (0), stating the				
W. of the service cree		underlying couse lost.	DUE TO, OR AS A CONSEQUE	JENCE OF		
0 + 0000	-	DADI O CIUED CICAUEICANIA	(c)	DEATH BUT NOT BELATED TO THE TERM	ANIAL DISEASE OF COAL	
	NO	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OF CONF	DITION GIVEN IN PART 1101
w req w red mit. Th orior t	5	19a DATE OF OPERATION	LIST CONDITION FOR WILLIE	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
L RECO	CERTIFICAT	DATE OF OPERATION	190. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	Zud AUTOFST:	IN CERTIFYING CAUSES OF DEATH?
VITAL RI N. The land system. In the land site of the land sit of the land site of the land site of the land site of the land	Ē.				YES NO	YES NO
N OF VIIA SICIAN: I ng physicia certificate certificate ented Hygi frem 18 sh	Ü	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
ON OF VI	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	un	19		
PHYSICI ending I this cert the buriel of Aenten	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or otherding physicion. After this certificate has been signer on the burrol-transit permit. Then oith and Mentol Hygiene prior to be marked or item 18 shows any injury	×	AT WORK AT WORK	TAT HOME, STREET, PACTORY, OFFICE	, FAION, ETC.]	CITTORTON	STATE STATE
E O A O E			tal) attended the deceased from		, to	
OR ATTEN e hospital DIRECTOR. sched for us Dept. of tre f frem 21 is		sow the deceased alive on	19_ the body ofter death.	, and that in (my) (our) opinion	death occurred on the do	ite and hour and from the causes stated
REC REC em		22b. SIGNATURE	the body offer deoth.	DEGREE		224 DATESIGNED
		VOM	1 10	ATTENDING	MEDICAL STAF	E // / M
HOSPITAL ned by th FUNERAL old be deter the State	00	22d PHYSICIAN'S NAME (TYPE O	PROINT	22e ADDRESS	DIRECTOR   PHYSIC	12 13 100
HOSPI inned b FUNE wild be wild be		T. 1.	0 1	2(8) 1,0	w tou	(+
TO HOSPIT, etoined by TO FUNER, should be dwith the Stewarth TAN WITH TANK TANK TANK TANK TANK TANK TANK TANK		7 74,	Cockey,	2 1 1100-110	erry ud.	2 (80)
F 5 6 4 7 2	23a. B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY AND
		BUKIHL	2-5-86	PRINCHILL	X14550	ry WK 11D
DHMH-16 60M 1/73	24. FL	INERAL DIRECTOR	1 / NOORES	m 250 pt	HEO 6 REGISTRAR	Sh REGISTAR'S SIGNA THE

STATE OF MARYLAND



0

should b

FOOKS FUNERAL HOME WEST RD. & BOOTH ST. SALISBURY, MD 21801

22d PHYSICIAN'S NAME (TYPE OF )

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

FOR

REGISTRAR

L DECEASED NAME

- STATE

(TYPE OR PRINT)

042112

ADDRESS

THE NAME OF CEMETERY OR CREMATORY

un Ackes MEA

Reilly mo

23b. DATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

, mad

Salisburg

23d LOCATION

REG. NO

MONTH

26 HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

COUNTY

WILL

22c DATE SIGNED

YES [

IN CERTIFYING CAUSES OF DEATH?

NO T

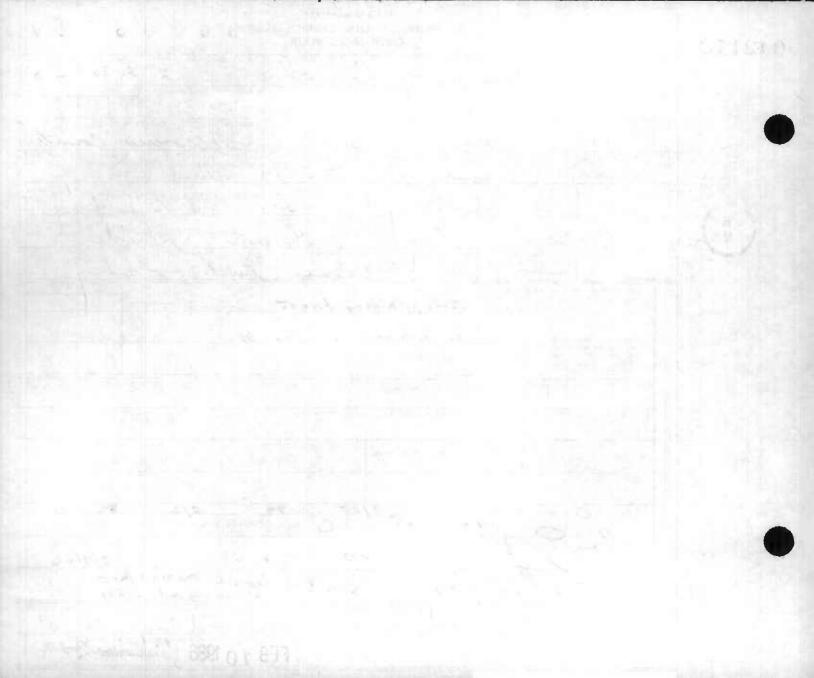
STATE

mac

DATS

126 KIND OF BUSINESS

2a. DATE OF DEATH



lottey M

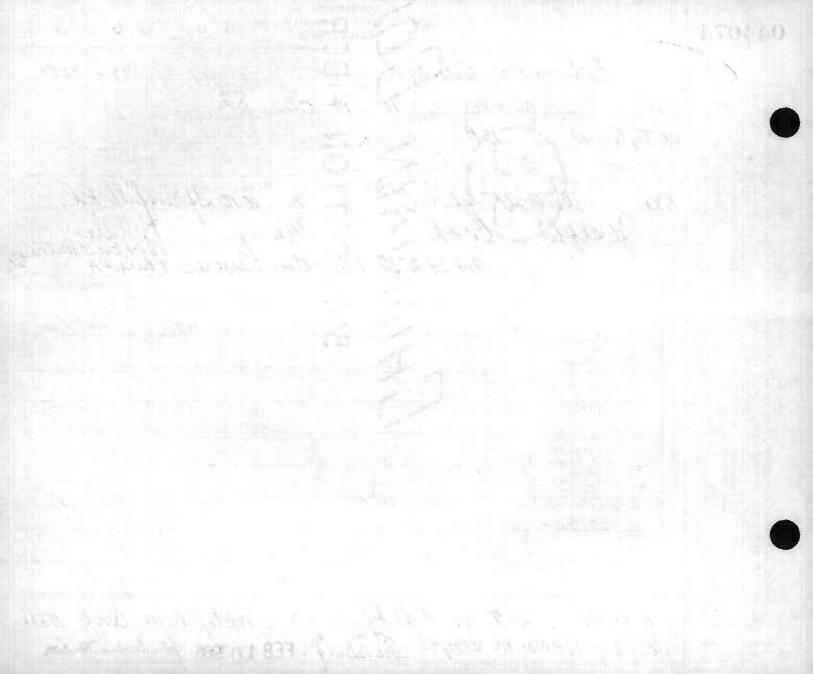
Memorial Chapel

Odd Fellow

Wet pau

N WICO.

EC'D. BY REGISTRAR 25B, REGISTRAR'S SIGNATUR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE A - STATE 044065 REG. NO 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF-ESTI-DEATH MATED Weslev James Cooper 0930 SER DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 67 YRS 24 DEAD Male White 8 1200 1986 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) arvland WIDOWED TO DIVORCED Wicomico ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Retired Street Willards Box 1464-J 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Wicomico Willards Canal YES X 3.5 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PM 3 WITH FORM PM 3 IT. PAGES 1 AND 2 DIVISION OFWITA FIRST Elizabeth Cooper 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES! CHIEF MEDICAL EXAMINER ALONG WITH FC BE USED AS A BURIAL "TRANSIT FRMIT. PAGES UT OF HEALTH AND MENTAL HYGIENE, DIVISION BURIAL, CREMATION, OR REMOVAL. 218-16-9960 GeneE. Cooper Sr., Salisbury No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke Inhalation JMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD SEVECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEN FOUND BLOSE PAGE 3 SHOULD BE USE AFTER DEATH, WITH THE STATE DEPARTMENT OF BAUTIMORE, MARYLAND, 21201 PRIOR TO BURIA YES NOXX 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 09304 2-4 1986 subject in house fire 21e PLACE OF INJURY 21f LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC. STREET Home Willards Md. Canal Wicomico 22a I certify that I took charge of the remains described above, held an Inspection X and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) Deputy 2-4-86 SIGNATURE EXAMINER'S NAME Salisbury. (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIF Buria) llards STATE 2-7-86 Cooper MID Wicomico 07/B4 BP. 25M 24 FUNDAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

A Supplied to the second secon

orks ormor na worker at the last same

With colored membra . A January . A Januar

24 FUNERAL DIRECTOR

(SPECIFY)

Buria]

Onancock, Va. 23417

Onancock Cemetery

2/27/86

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AR 04 1986 Gulas Davidson Randalls

Unancock

Accomack

Virginia

The Committee of the Co

notical approximation of the second control of the second control

7es War 2 215-U-070 Frm. Lorest Lagran V32 Andrade Life 186

indicate the country of the country

## 062062 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE TYPE OR PRINTS OHMAN AUGUSTA 4 RACE 5. DATE OF BIRTH IN CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED MARYLAND WIDOWED DIVORCED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Salisbury Peninsula Ceneral Hospital 13d. INSIDE CITY LIMITS? WICOMICO In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES NO OR UNKNOWNI LIF YES GIVE WAR OR DATEST NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O) RESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF RENAL FAILURE Canditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET NOT WHILE FEB. 18 1986 22a.1 certify that (1) (this haspital) attended the deceased from\_ sow the deceased alive on above. ((we) fold (did not view the body after death. 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN F

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

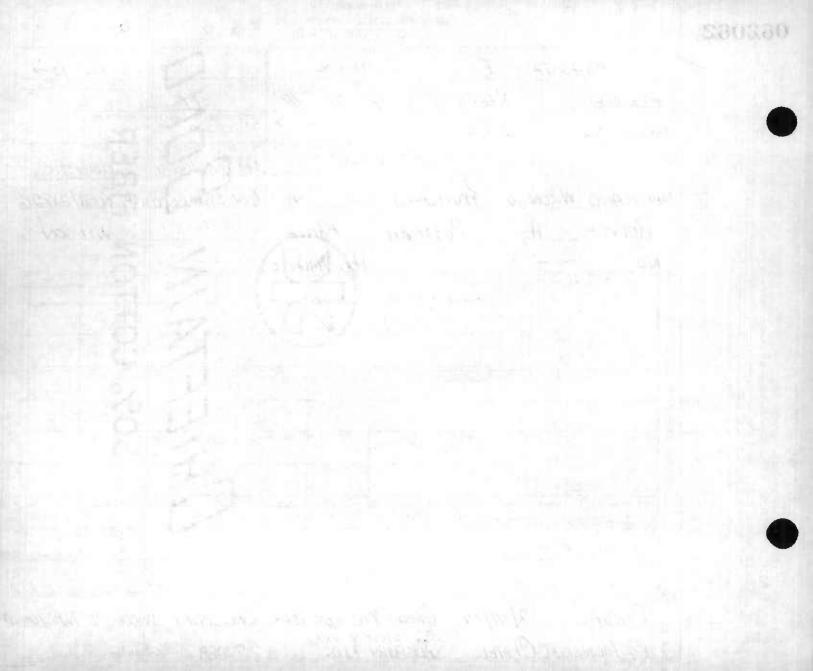
22e ADDRESS

REG. NO 2n DATE OF DEATH YEAR 2b HOUR 23 86 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12h KIND OF BUSINESS OR 136 STREET ADDRESS / ZIP CODE 600 Sharnson ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) CITY OR TOWN STATE FEB. 23 1986 and that in [mig) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN POCOM BKE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be with the S

ROBERT



				STATE OF MARYLAND			
	1.	FOR	DEPARTA	IENT OF HEALTH AND MENTAL HY	GIENE 8 6	0 6 3	3 4
066239		REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
		CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
ay be age 3 death	111	Hanes	FRAMEES	Crews		2-18-86	8 15 M
ma)	3. SE	X	4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
rector rs aftu		FEMALE	WAITE	MAY 12, 1914	71	YRS DAYS	HOURS MIN.
hound in P		RTHPLACE (STATE OR FOREIGN	THE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
des des	-	LNCHANA	U15.A.	WIDOWED DIVORCED	2 2 1 1 1 1 1	1/0	MD.
the fu	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	(TYPIOF WORK FOR WOST 9	INDUSTRY	OF BUSINESS OR
ours ours	3		WICOMICO NULL		Toutkey &	ARMER OU	UNDACA
D 24 h	13a	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 134. INSIDE CITY LIMITS?	13. STREET ADDRESS	1 00	1801
A life and	11		COM ICO DALISAL	IS MOTHER'S MAIDEN N	XX A-4	1) X2C/	04
d will be selected	1)"	THERS NAME	AIDOLE O LAST	FIRST	MIDDLE	) LA	St
W. cut	/_	TRANK	1561360	- IENI	A //	AFFENI	BEIR
o exe		VAS DECEASED EVER IN U.S. ARA res, no or wiknown) (IF yes, Give	WED FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT	ADDRE	SS RAI,	BU 592
FIMC te be		10 -	- 313-14-	1864 HUNA 11/1	ENV415111	Rock port.	ING. 47
BAL BAL		IS CAUSE OF DEATH (Enter onl	y one couse per line for (a), (b), and BY.	lic. 1/0	C.	BETWEEN	ONSET AND DEATH
N Valle			E CAUSE (a)	Ill More	Inda o	7/m	
No.			DUE TO, OR AS A CONSEQUE	HE OF 1	7700.000		
7 7 7 0		Conditions, if any, which	( b) how	6 Maria	Sur		
m + m		gove rise to immediate cause (a), stating the	DUE TO, OR AS CONSEQUE	NCE OF	The second second		
es that all cr		underlying cause last	PANE	In some De	1-0-0		
gned ple		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 11	01
aw re	S S						
S pin c	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDI	
S S S S S S S S S S S S S S S S S S S	Ĕ				YES T NOT	IN CERTIFYING CAUSES	NO []
CIAN Ician.	8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
Silving Silvin	-	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	19			
G PHY ding p er this purial and Merial or Meri	MEDIC/	214. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
VISION TING ending wifter the branch and	¥	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC   STREET	CITY OR TOV	VN COUNTY	STATE
END! or atte OR: A! se as tl lealth			al) attended the deceased from	10-8 10 8	5 10 2 -	18 10 X 6	that (I) (we) lost
CTO CTO T use of He		saw the deceased alive an	1-25	( and that in (my) (aur) apinio	in death occurred on the de	ate and have and from the	
E Pi		above, (I) (we) (did) (did not	) view the body after death.	DEGREE		22c. DATE	
L DIR		Allen	A / 116	ATTENDING	_ MEDICAL STAT	F	7.14
TOSPITAL Med by the I UNERAL II do do detach the State DIRTANT: I		126. PHYSICIAN S NAME (TYPE OR	NUMM	PHYSICIAN 121 ADDRESS	DIRECTOR DIAYSIC	IAN J	TUNO
		CI CON	1 11	1 0000	200 5.	1810	12
TO HOSPITA retained by th TO FUNERA should be deta with the State		a. L. JR	ickell M	PODZ	3/8 00	usoury	Jud
	230	BURIAL, CREMATION, REMOVAL	236 DATE / 23c N	AME OF CEMETERY OR CREMATORY	234 LOCATION	COUNTY	STATE
BP		AURIAC.	922/1986 10	lamies Mam 1	E. 58/15%	Bury MR	7.
DHMH-16 25M	24 F	UNERAL DIRECTOR	) ADDRESS /	250. D	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNAT	URE
(VRA 15, 4) 1/79	1	SSI-P X /5	remode 50/K	sur 14. 53	战人公共政功	Silve Davidson-	1

San Holle more than the second of the se THE PERSON TO MAKE SON OF THE PERSON OF THE BIS AND THE CONTRACT OF THE PARTY WE EXE 선생님 보고 있으면 하는데 하는 이번 모든 사람들이 되는 것이 없다고 있다.

				STATE OF MARYLAND		
062006	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 6 REG. NO.	6 3 3 5
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
may be page 3 ter death	[TYP]	Otho Otho		CROPPER	February 17.	1986 9258 PM
moy er de	3 SE	× no i	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4	1 0	Male	Negro	July 2, 1916	69 YRS	
heoth. P		RTHPLACE I STATE OF FOREIGN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	WICOMICO	TY OF DEATH MD.
offer of with	100	ITY OR TOWN OF DEATH	M. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
t haves	USU	AL RESIDENCE (IF NURSING HOMEO			13e STREET ADDRESS / ZIP CO	DE - 1 DIRTI
thin 2.	14) F/	ATHER'S NAME	ces tr locon	15. MOTHER'S MAIDEN N	826-27d	St. 2/83/
par purify	1	Abe.		ing Virg	inia MIDDLE C	ropper
n and c		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 228-18.	2031 Andrew	Propper Wat	tsville Va.
hysicia papers aval.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b),	ond ic	111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng p ban rem		IMMEDIA	TE CAUSE (a)	religal hos	nasoma	
ath e car in, ar		C. D. V.	DUE TO, OR AS A CONSEC	DUENCE OF		CAN PARTY TO
ne de emave matio		Conditions, if any, which gave rise to immediate couse ial, stoting the	(b)			
that the day the ease reason of, cre		underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF		
gne en pl burn	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	- /	SIVEN IN PART 11a
8 4 0 5	OLL	190 DATE OF OPERATION	1 Volunius	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	cros
hos hos	CERTIFICATION	12-18-85	8=9mo-0	1 Coluntus	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
Z > COT T		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
ding ding Me	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
DING PH or after th e as the alth and marked is	W	AT WORK NOT WHILE AT WORK	( AT HOME, STREET, FACTORY, OFFIC	E_FARM_ETC ) STREET	CITY OR TOWN	COUNTY STATE
TEND atol of OR: A Or use or use of the offit of the offi		saw the deceased alive or	ital) ottended the deceased fram		on death occurred an the date and h	au and from the causes stated
OR AT ne hospine hospine borhed fi Dept o		abave, (1) (we) (did) (did no 22b. SIGNATURE	at) view the bady after death.	DEGREE		22¢ DATE SIGNED
			him	7-40 ATTENDING PHYSICIAN		12-17-80
HOS bined FUN ould E		224 PHYSICIAN'S NAME (TYPE O	YOON M.D.	22e ADDRESS  Deer's Hea	ad Center, Salish	oury, Md. 21801
	23a. E	RAL, CREMATION, REMOVAL	23b DATE 23	NAME OF CEMETERY OR CREMATORY		CONTY & STATE
BP	24. FI	DIVERAL DIRECTOR A.	2-22-861	FIRINGShip Cen	A RECEIPER BY RECE	HCC Va
DHMH - 16 60M 7/84 (VRA 15, 4)	4	Emul 9. 6	wage Ne	w Church Va. F	EB 2 7 1986 7	Sundan Handell
	_					

C ORSEL THE PROPERTY OF THE SAME OF THE SA

their he or with a same

	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 6	0	6	3	3	6
		CEASED NAME	FIRST		MIDDLE	LA	st	20 DATE OF DEATH	-	DAY	YEAR	26 HOL	
3	(TYPE	ORPRINT)	Cha	arles	Δ	DASH	TELL	February 2	21.198	36		43	PM
/	3: 5E)	C ,		4 RACE		5. DATE OF	BIRTH	6. AGE LIN YEARS LAST BIR		IF UNDER		IF UNDER	
3	1	MALE		Black		MONTH .	- 15 - 1920	65	YRS.	MONIHS	DAYS	MOURS	MIN,
5/	BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	OF DE	ATH		
23	٨	MARYLAND		U. 5	. A	WIDOWED		Wicom	ico				MD.
21	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OTHER INSTITUTION	12a USUAL OCCUPATI			KIND O	FBUSIN	ESS OR
N.	S	alisbury			's Head			LAbore		TO IND	OSTRI		
1	LiefC.	AL RESIDENCE (IF NURS	1136 COUR	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			71	201	
36	AA	ARULANO		omico	Salish		YES NO	531 Tangi		t. 9	511	M	1
		THER'S NAME					15 MOTHER'S MAIDEN NA	ME			204.1	7	
2	1	Roland		MIDDLE	DAShiE	11	Ed:th	WIDDLE		Hue	Ison	1	
		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRI	ESS				
		(ES NO OR UNKNOWN)	THE TES GIV	E WAR OR DATES	220-10.	9646	Boulah Das	hiell 409E	3 Patro	ickA	SUE	Sal	= mal
		Canditions, if any, gave rise to imrcause (a), statir underlying cause	/AS CAUSE IMMEDIA , which mediate ing the	DUE TO, O	/SE	ENCE OF	i af the contract struck	Exoplo fasi 10 h	rolea	ella	3 6	MATE INTE	Th
	7	PART 2 OTHER SIGN	VIFICANT (	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GI	VEN IN F	PARTIC	3	
9	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YE				TH?
9	0.750	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	3113	FINJURY M, MONTH DA M.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR I	PART 2)		
/	MEDICAL	216 INJURY OCCUR	HILE [	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TO	)WN	COL	NIA		STATE
		22a I certify that (I) saw the decease	ed alive an	2 - 3	2/ 19	100	29, 19 8 dd that in (my) (aur) apinian o	death accurred on the d	ate and ha	19_S or and fi		that (1) (	The same of
		22b. SIGNATURE	u. (	2 mi	M.D	D	EGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	220	. DATE	SIGNED	
T		22d. PHYSICIAN'S N	AWEN THE				22e ADDRESS						

DHMH - 16 60M 7/84

(VRA 15, 4)

Gladus Stewart

236. DATE

230 BURIAL, CREMATION, REMOVAL

West Rd SAlis. Md.

231. NAME OF CEMETERY OR CREMATORY

Deer's Head Center, Salisbury, Md. 21801 23d LOCATION

STATE

mD

e. Tuga i

Grant Cank, along

con " Hers Center, Sail-Dury, wa. 2180]

- 10	
- 97	100 E
- 46	- 54 W
190	F 75
197	The 1871
- 10	25 0
	100
-	- The
- 20	100
-43	400 000
177	196 (27.1)
1.86	100 E 100
- 60	10 W 10
100	- S - A - N
- 61	F. Mr. 7
.70	20. 15. 3
100	P 20 0
Total Control	TO 18 1
4:	- E D
\$	70 5 9
2	248
2	290
2	pad out
100	pad u
g, tag	pang u
g, sauto	parging and a
tollines 19	bargit of
di saujob	frem ple
spoires 19	Then ple
tadojner ib	Then ple
g tailobs:	ar ugned Ther ple or to burn
di sauntino di	een signed it. Then plo nor to found
w requires th	nit. Then plo control burid
the despites of	been signed mit. Then plo provite formal
the requires the	been iigned mit. Then plo oner to burid
law requires the	s been signed ermit. Then plo
law requires th	or been signed ermit. Then plot a prior to formal
e law requires the	permit. Then plones as principles as princip
te law requires the	has been signed permit. They plo me acrost to facing
he law requires than	has been signed a permit. Then plo-
The law requires the	a hos been signed at permit. They play sens prior to furnio
The law requires the	te hos been signed sur permit. They plan been broot to burso
The law requires the	nut has been signed nut permit. Then ple come prior to burn
t. The law requires the	ate has been signed only permit. Then plan became broat to burn
N. The law requires the	cate has been signed partitional. They plant
N: The law requires the	cate has been signed specific permit. Then ples Hydraene prior to faund
AN: The law requires the	ficate has been signed rights permit. Then ples Plycame broat to burno
AN. The law requires that physician	dicate has been signed registratement. They plead of Physics person to burno
JAN: The law requires the	History has been ugned Frankli permit. They ple of Hydene briar to furno
CIAN: The law requires the physician	of transfer has been righed of transfer permit. They ple tidd Pyraene prior to furno
KIAN. The law requires the physician	entilicate has been signed (al-trastic permit. Then ples also Propert permit
SCAN: The law requires thing dhysician	certificate has been signed viol-rosses permit. They ple redail Hypere prior to furno
SICIAN: The law requires thing adhystican	certificate has been signed pilotograph permit. They ple antol Pyramie prior to furno
YSKUAN: The law requires the	certificate has been signed systol-transit permit. They ple fantal Hydrane prior to furna
INSICIAN. The law requires the	a certificate has been signed sprial-transferment. They ple Mental Pythene brist to furna
POSICIAN: The law requires the	is certificate has been signed their frankt permit. They ple Mental Hopens broat to burn
HYSICIAN. The law requires the rading physician.	his certificate has been signed a livelof-court permit. They ple 6 Mantal Humana princip furna
PHYSICIAN. The law requires thending physician	this certificate has been igned a listiof-transfermit. They plot of Mental Hydronia prior to have
PHYSICIAN: The law requires the lending physician	this certificate has been agreed be travial-transfermin. They plot and Mandal Hyperies print to huma
FRYSKIAN. The law requires the thending physician.	o this certificate has been ugned the thoriotheautif permit they plo and Mantal Healest arrange to have
G PHYSICIAN: The law requires the thending physician	or this certificate has been signed the tission frames permit. They ploe and Mantal Popularia prior to have
G PHYSICIAN. The law requires th athereding physician	se this certificate has been signed the list of results permit. They ple and Markel House's prior to have
4G PHYSICIAN. The law requires th athending physician	her this certificate hos been signed is the third-frontit permit. They ple tond Mantol Housing prior to hund
NG PHYSICIAN: The law requires the athersting physician.	the this certificate has been ugned as the tissiof-constituents. They plot to and Mandol Potente branch branch
ING PHYSICIAN: The law requires the affending physician.	After this certificate has been signed its the tission from permit. They plot the and Mandol Househa prior to burn
DING PHYSICIAN. The law requires the attending physician.	After this certificate has been signed on the thylof-fronts permit. They plead the and Mantel Houses print to burn
DING PHYSICIAN. The law requires the artifectual graphstan.	After this certificate has been ugned on to the two of count permit. They pleadly not the two of
ADING PHYSICIAN: The law requires the artereding physician.	to Africa this certificate has been signed seems the tholod-contained permit. They plead with and Manicol Potania print the burnt
NDING PHYSICIAN. The low requires that are attending physician.	R. After this certificate has been ugned use as the thirld-franking permit. They plead coults and Mantal Homese principles to burn
ENDING PHYSICIAN. The low requires that are athending physician.	28: After this certificate has been agreed use as the taylor-frontal permit. They ple Health and Markol Househe prior to burn
ENDING PHYSICIAN: The law requires that are attending physician	OR. After this certificate has been signed to use as the thirolational permit. They pleat Modelly and Mariel Property country burns.
TENDING PHYSICIAN. The law requires the	OR: After this certificate has been signed in use as the thirlich contribute permit. They plead if Machin and Market Houses arrange for
RENDING PHYSICIAN. The low requires the pulled as attending adherian.	TOR: After this certificate has been ugned for use as the truncal distribution permit. They plead of Health and Mantal Houses principle form
ATENDING PHYSICIAN: The law requires thanked an attending physician	CTOR: After this certificate has been ugned for use as the thirtofrontal permit. They ple of Health and Markel Houses prior to burn
ATTENDING PHYSICIAN: The law requires the	CTOR. After this certificate has been signed 51st use as the this located permit They plea as Mooth and Mariel Property country burns.
ATENDING PHYSICIAN, The law requires the against a attending physician.	ECTOR: After this sertilicate has been agreed of ser use as the fluviolingmal permit. They plead it as Meadiff and Mental Notamie broat to fluviol
R ATTENDING PRESIGNAL The law requires that the death certificate be executed within 24 hours after de halping in attending physician	RECTOR: After this certificate has been ugned by the otherding physician and completely filled in by the fun- ted for use as the tissificated permit. They please centers carbon papers. Pages 1 and 2 and 3 be filled within the following and Maniel Manage prior to burnel, computer, or removal.

- 1			STATE OF MARYLAND	The second secon
1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	800000.
-	SECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	THE CHIPBINGS	T. DAUGHERTY		MMXXXX, February 28,862 25
T	SEX.	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	July 2, 1907	78 YRS.
6	Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	
10	Salisbury	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS) nter, Salisbury,	TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY
100		OROTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 134 CITY OR TOVER THE CRISTIE		8?
1	Charles	B. Trader	001.	nelia Tawes
1	(YES NO ORUNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)  16b. SOCIAL SEC 216-07-		ADDRESS Rt. 1  8 W. Trader - 4 Wildwood Trail
	PART I, DEATH WAS CAU	only one couse per fine for (a), (b), a SED BY (ATE CAUSE (a)	l Factione	Posoinoke City, 21851 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	IMMED	DUE TO, ORAS A CONSEQU		
1	Canditions, if any, which gove rise to immediate	(b) Cauce	e of leunary	pheladde unasire
1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF 7	o fellenc alone.
NO		T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
BICAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL CEDI	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2)
MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	211 LOCATION	CITY OR TOWN COUNTY STATE
	sow the deceased alive	spital) attended the deceased from, on	86 , and that in (my) (aur) opin	86 to 2 - 28 1986 that (I) (we) lost nion death occurred on the date and hour and from the causes stated
	22b. SIGNATURE		DEGREE ATTENDIN PHYSICIA	IG MEDICAL STAFF N DIRECTOR PHYSICIAN
1	22d. PHYSICIAN'S NAME (TYP		22e ADDRESS	ad Center, Salisbury, MD. 21801
23	BURIAL, CREMATION, REMOV.	AL 236 DATE 23c	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION
24	FUNERAL DIRECTOR	ADDRESS		DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Bradshaw & Sons	s - Crisfield, MD	21817	MAR 5 1986 Tulia Daviden Thindage

75 100 AC . 7 1

Test of white carbo

And the second s

Printed State of the Control of the

the result of the court, all charge, in. deretory the land trace

or a second

ine 's ead duter, olishary, MD. 21801

Ch - detroid - district Countries described - de product de la contract de la con

Serdenay & Jone - Oriettald, 10 2:317 and 108 Element Services

deoth o

TENDING PHYSICIAN The holl or offerding physician

055217

and completely filled in by the funeral director oges I and 2 should be filed within 72 hours often

ST	A	TE	OF	M	AR	YL	AN

ND

		,,,,
8	0	(
	DEC NO	

	-	->	4.9	Ele
)	6	3	3	5

17	,	1	STATE REGISTRAR		CERT	HEALTH AND MENTAL HYG IFICATE OF DEATH	IENE 8 0	0 6	> 3	38
1	6		CEASED NAME ORPRINT)	Kathryn  I4 RACE	R. DA	IDSON E OF BIRTH	FEBRUAR  AGE IN YEARS LAST BIRT	MONTH DAY	186	26 HOUR 0937 M
			emale	White		71 9 1906	YRS.		HOURS MIN.	
d at once.	35	Ma	RTHPLACE (STATE OR BY) Land	USA	WHAT COUNTRY? 8 MARE WIDO HOSPITAL NURSING HOM		9 BALTIMORE CITY OF WICOMICO			MD BUSINESS OR
Actifie	3		alisbury	Penins	CHEACHITY, GIVE STREET ADDRESS) SULA General H	Hospital	Homemake:	F WORKING HEE) IN	DUSTRY	500 II 1230 OK
r ment be	16	130 5	al residence in Nurs	SUSSEX	I GIVE RESIDENCE BEFORE ADMISSION IN CONTROL OF TOWN MILLS BOYO	N) 13d. INSIDE CITY LIMITS? YES NO A	Rt. 4 Box	ZIP CODE 97A	99	7999
ex Chine	0:	14 FA	Edgar	B. B.	Riggin	15. MOTHER'S MAIDEN NAME FIRST Tha	ME MIDDLE		Gri	iffith
medicol	3		VAS DECEASED EVER YES, NO OR UNITHOWN)	IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	215-07-854	Davi	dson, Mil		DE	
or removal.			18 CAUSE OF DEAT PART I. DEATH W	IMMEDIATE CAUSE (a)	r line for (a), (b), and (c)	avest			APPROXIM. BETWEEN ON	ATE INTERVAL NSET AND DEATH
of, cremotion,			Canditions, if any gave rise to im- couse (a), statu- underlying cause	, which (b) mediate DUE TO, O	OR AS A GONSEOUENCE OF					In the
injury, o		NO	PART 2 OTHER SIGI	NIFICANT CONDITIONS CO	OCSIDE	UT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN	PART 110	
dws any	9	CERTIFICATION	19e DATE OF OPERA	TION 196 GOND	ITION FOR WHICH OPERAT	ION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WER IN CERTIFYING YES		
hem 18 d	6	-	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI	CAUSE OF DEATH HOUR A	DF INJURY .M. MONTH DAY YEA .M. 19		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OI	RPART 2)	
The ord Ma	1	MEDICAL	214 INJURY OCCUR	HILE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	OUNTY	STATE
21 is mo			sow injuracions	(this haspital) attended the	19	and that in (my) (aur) apinian	death accurred an the da	te and have and		nat (1) (we) last auses stated
T. If Nem			77h SIGNATURE	Delma	~	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F	2c. DATE SI	IGNED
N . 2			TRAPHYSICIAN'S N.	AME (TIPE OF PENE)		22e ADDRESS				

BP. DHMH- 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

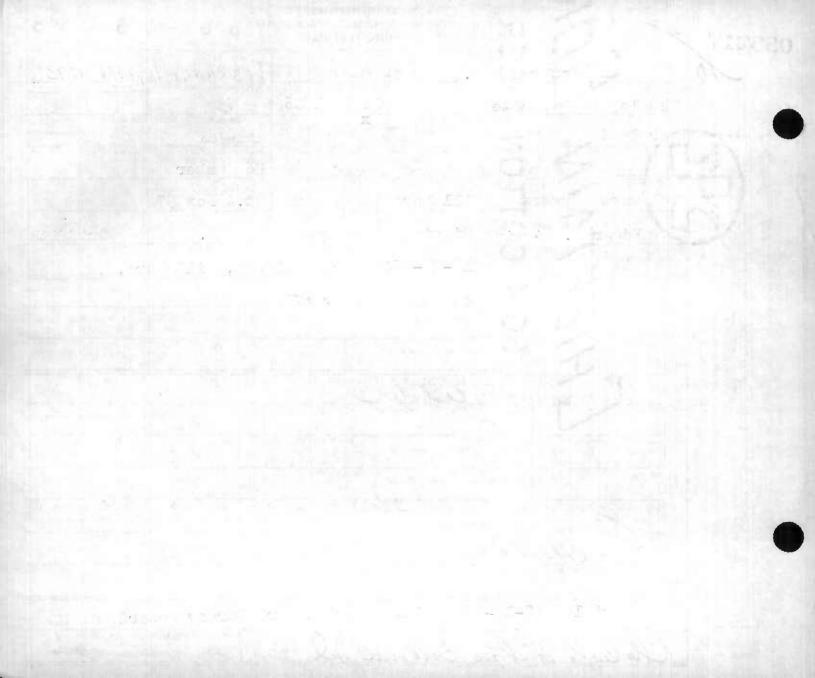
to FunEsta, DIRECTOR: A thould be detached for use with the State Digit, of Heal MPORTANT IF Nem 7 I is

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BULL 12

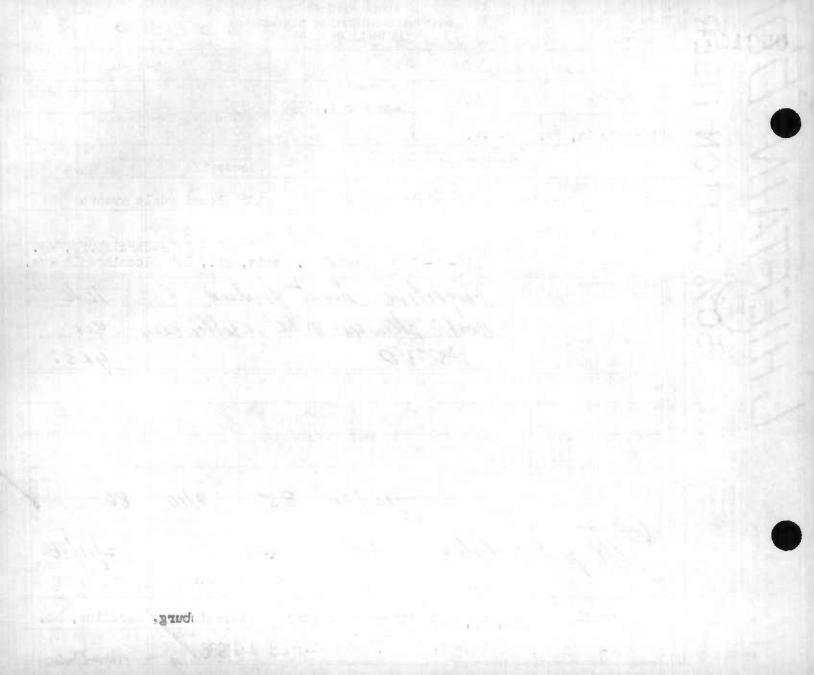
22-19-86 Meadow of Cemetery or Crematory Ridge Memorial Par

234 LOCATION DOTSEY Howard MD 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

wind the property of the second

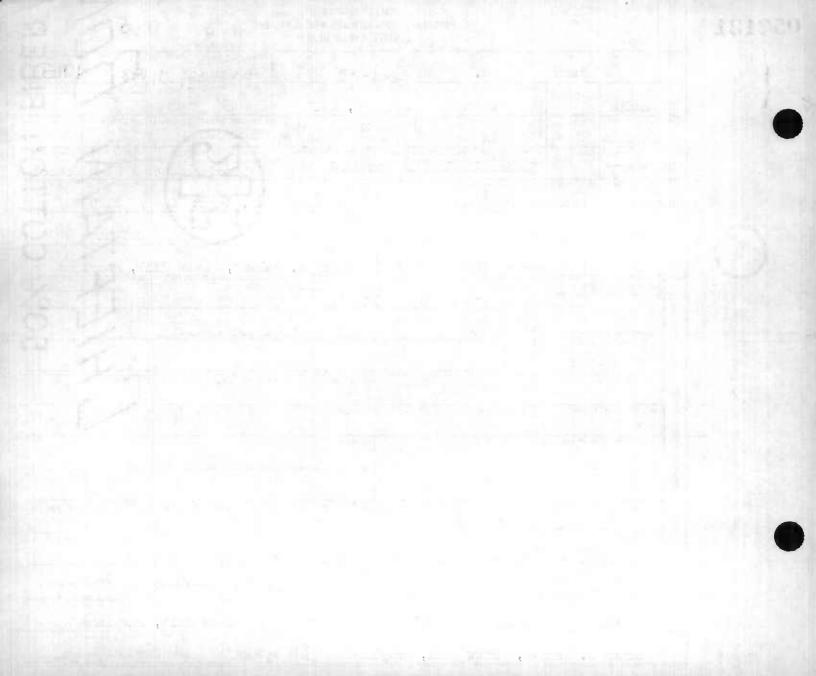


The second		FOR	DEDAD	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	CIENE	0 4 7	2 0	
152117	1-	STATE REGISTRAR	DET AN	CERTIFICATE OF DEATH	REG. NO.	0 0 3	2 3	
5 5 5 3		CEASED NAME FIRST ANNA	M. DAVIS	LAST	20 DATE OF DEATH MONTH	2-10-86	7:10P	
rector, page 3 urs ofter death	3. SE	x Female	4 RACE White	5 DATE OF BIRTH MONTH DAY YEAR December 7. 1900	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
72 hours		RTHPLACE (STATE OR FOREIGN COUNTRY) hiladelphia, Pa	76 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COL			
by the for filed within	10 CI			ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 174PF OF WORK FOR MOST OF WORK Housewife	ING LIFE) 126. KIND COINDUSTRY OWN H	ome	
filled in bould be	13a. S M <b>a</b> J	AL RESIDENCE (IF NURSING FOME OR STATE US COUNTY)	ITY 13c CITY OR TO	sburg YES NO	136 STREET ADDRESS / ZIP C 206 Bloomingd	cope ale Avenu	663	
ompletely cond 2 s		Harmon Lewi		15 MOTHER'S MAIDEN N	MIDDLE LAST			
and 2		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 216-46-		avis, Jr., 204	ederalsbu Bloomingd		
		PART I. DE ATH WAS CAUSED	ly one cause per line for 101, (b), o D BY E CAUSE (a)	hui heart	Lautus	BETWEEN C	ONSET AND DEATH	
and control		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	prenosis-mika	d insessices	as of	d,	
ed by the idease rial, crema or others		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	HENCED		4,	es.	
in signed by Then pleat r to burial, injury, or a	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition	GIVEN IN PART 1	o	
hysician. icote has bee roosit permit Hygiene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDIF ERTIFYING CAUSES YES	NGS USED OF DEATH?	
ding physicia s certificate buriol-transit Mental Hygie or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITE	M 18 PART ( OR PART 2)		
ter this case the burner of th	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	71e PLACE OF INJURY	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
STOR: Af for use of of Health		220.1 certify that (1) (this haspit	tol) attended the deceased from	01	n death occurred on the date and	d hour and from the	that (1) (we) la causes stated	
AL DIREC detoched ate Dept. IT. If hem		THE SIGNATURE	earlyles	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2//	1/86.	
retoined by the TO FUNERAL should be deto with the Stote IMPORTANT. If		EARL M. BEARD		22e ADDRESS	RT. 50, SALISBU	,	1801	
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	CITY OR TOWN	Carolin	e. Ma'i	
3P			1 8 8 8 a 1 J 1 1 7 0 1 J	CATATOR OF COMMENTAL OF	2 0000 0000 0000	,	- 1	



	1 -	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HYD ICATE OF DEATH	SIENE 8 6	10.	0 3	4
Ī		CEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	(	Nanc	у	Α.	De	1840	TEBRUAR	19,10	186	11915
3	3 SEX	(	4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY) I	FUNDER 1 YEAR	IF UNDER 24
		Female	W	Thite	July	30, 1921	64	YRS	DATE DATE	, nooks
3	(	RTHPLACE (STATE OR FOREIGN OUNTRY)  Irginia	76 CITIZEN OF	SA	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF	OR COUNTY	OF DEATH	
///		TY OR TOWN OF DEATH			RSING HOME C	Spital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired Te	OF WORKING LIFE	INDUSTRY	Scho
02.	13a S	RESIDENCE (IF NURSING HOME TATE 131) COL	or other institution JNTY cester	I34. CITY OR I	TOWN	13d. INSIDE CITY LIMITS? YES NO KK	130 STREET ADDRESS Rt. 2-Box	ZIP CODE 32A	2186	
38	FA	THER'S NAME FIRST Lewis	Cass	Ada	ir	15 MOTHER'S MAIDEN NA FIRST Nanc	MIDDLE	W	right	ī
0		AS DECEASED EVER IN U.S. A	RMED FORCES?		SECURITY NO.	17 INFORMANT	ADDR	ESS		
1		ES. NO OR UNKNOWN) (IF YES, C		231 20	6420	Marion W. D	elano, Sno	ow Hill	, Mary	land
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse pe SED BY ATE CAUSE (o)	Card	10 0	San T	STREET Y		APPROX	MATE INTERVA
	NOIL	underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	(c)		TO DEATH BUT					
9	CERTIFICATION	THE DATE OF OPERATION	148 CONE	DINON POR WE	TICH OPERATION	N WAS PERFORMED	YES NO		WERE FINDI	
/ //		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (1F EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAI	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE {AT HOME S	OF INJURY TREET, FACTORY, OF	FICE, FARM ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STAT
		22a t certify that (1) (this has sow the deceased alive a above (1) (we) (did) (did)	n	19/86	. /	d that in (MY) (see) opinion	death occurred on the o	ote and hour	ond from the	that ()—()
		22b. SIGNATURE	Par	las		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22¢ DATE	SIGNED
7		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	Paalr	mo	PO BOX 2	636 Sa	lisba	ry me	2180
2	23a B	URIAL, CREMATION, REMOVA			23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION		1	STAT
		Burial	2/12/	86	Makemie	Presbyterian	Snow H	Hill, M		
84	24. FL	Norman F. De:	nnis, S	now Hil	1, Mary		A 1988	V 0 00	AR'S SIGNAT	URE

STATE OF MARYLAND



059046

	STATE OF MARYL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFICATE OF DEATH

3	do	
)	O	

06341

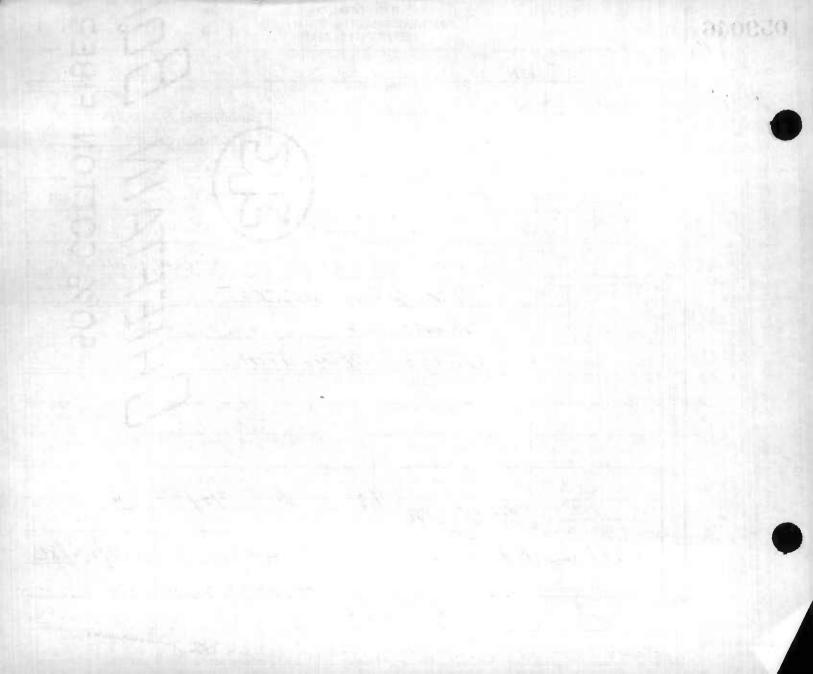
DECEASED NAME
CLARA Belle Derickson  3. SEX  4. RACE  5. DATE OF BIRTH  Female  White  12. 27 1898  87  7RS.  6. AGE (IN YEARS LAST BIRTHOAY)  13. CITIZEN OF WHAT COUNTRY?  8. MARRIED   NEVER MARRIED   NE
Female  White  12 27 1898  87 YRS.  BALTIMORY AND  WIDOWED  DIVORCED  WICOMITO  WICOMI
Female White 12 27 1898 87    Indicate   Ind
Salisbury, Maryland U.S.A.   WIDOWED   NEVER MARRIED   NEVER M
Salisbury, Maryland U.S.A.   WIDOWED   DIVORCED   WICOMICO COUINTY   MEDICAL PROBLEM   10. CITY OR TOWN OF DEATH   11. MANE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   120 USUAL OCCUPATION   120 USUAL
SALISBURY SALISB
SALISBURY SALISBURY NURSING HOME Housewife  MULAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130 STATE!  Mary Land  Wicomico  Salisbury  134 Inside City Limits?  Yes  No  125 Onley Road  21801  14 FATHER'S NAME  William  Byrd  Trader  Maggie  Maggie  Adkins  15 MOTHER'S MAIDEN NAME  Milliam  Maggie  Adkins  166 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes. NO OR UNKNOWN)  IIF YES. GIVE WAR OR DATES)  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF counterly in death of (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF counterly in the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF counterly in the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF counterly in the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF counterly in the underlying cause last.
13d   INSIDE CITY LIMITS?   13e STREET ADDRESS / ZIP CODE   125 Onley Road   21801     14 FATHER'S NAME   William   Byrd   Trader   Maggie   Adkins     160 WAS DECEASED EVER IN U.S. ARMED FORCES?   160 SOCIAL SECURITY NO.   17 INFORMANT   Marguerite   Did Parsons   Daughter     No   18 CAUSE OF DEATH (Enter only one cause per line for ici), (b), and ici)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE ICI)   DUE TO, OR AS A CONSEQUENCE OF cause   Ici)   Canditions, if any, which gove rise to immediate cause   Ici)   DUE TO, OR AS A CONSEQUENCE OF condering   Canditions, if any, which gove rise to immediate cause   Ici)   DUE TO, OR AS A CONSEQUENCE OF condering   Ici)   Canditions, if any, which gove rise to immediate   Ici)   Canditions, if any, which gove rise to immediate   Ici)   DUE TO, OR AS A CONSEQUENCE OF   Ici)   Canditions   Ici)   DUE TO, OR AS A CONSEQUENCE OF   Ici)   Canditions   Ici)   Canditio
William Byrd Trader Maggie Adkins  160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR LUNKNOWN) (IF VES. GIVE WAR OR DATES)  18 CAUSE OF DEATH (Enter only one cause per line for Ia), (b), and Icular PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF Underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause last.
William Byrd Trader Maggie Adkins  166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 214-10-9349D 17 INFORMANT Marguerite Did Parsons (Daughter)  No 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF (c) STATILLE OF AND SECURITY NO. 17 INFORMANT Marguerite Did Parsons (Daughter)  156 Onley Road Salisbury, Maryland 2180  APPROXIMATE INTERVAL  BETWEEN ONSE! AND BEATH  DUE TO, OR AS A CONSEQUENCE OF CAUSED IN CONSEQUENCE OF (c) STATILLE OF AND SECURITY IN CONSEQUENCE OF (c) STATIL
166 WAS DECEASED EVER IN U.S. ARMED FORCES? NO 116 VES. NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 19 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 10 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 10 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 11 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 12 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 13 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 14 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 15 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 16 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 17 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.) 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.)  18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.)  18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.)  18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.)  18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.)  18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.)  18 CAUSE OF DEATH (Enter only one cause per line for id.), (b), and ic.)  18 CAUSE OF DEATH (Enter only one cause per line for id.), (c), and (c)
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF (c)
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any which gove rise to immediate couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any which gove rise to immediate couse (a), stating the underlying cause last.
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  CONSEQUENCE OF UNDERLYING  DUE TO, OR AS A CONSEQUENCE OF UNDERLYING  CONSEQUENCE OF UNDERLYING  DUE TO, OR AS A CONSEQUENCE OF UNDERLYING  CONSEQUENCE OF UNDERLYING  DUE TO, OR AS A CONSEQUENCE OF UNDERLYING  CONSEQUENCE OF UNDERLYING  DUE TO, OR AS A CONSEQUENCE OF UNDERLYING  CONSEQUENCE OF UNDERLYING  DUE TO, OR AS A CONSEQUENCE OF UNDERLYING  CONSEQUENCE OF UNDERLYING  DUE TO, OR AS A CONSEQUENCE OF UNDERLYING  CONSEQUENCE OF UNDERLYING  CONSEQUENCE OF UNDERLYING  DUE TO, OR AS A CONSEQUENCE OF UNDERLYING  CONSEQUENCE OF UNDERLY
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF OUR TO, OR AS A CONSEQUENCE OR TO, OR
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF OF MENTINA
gave rise to immediate couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF OF MIRM TIME  Col. SENILLE OF MIRM TIME
cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF OF MENTINA
underlying cause last. (c) SENILE DEMENTIA
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110
20
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO YES NO NO
216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21I LOCATION
LATHOME STREET FACTORY OFFICE FARM FTC ) STREET CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK 7
22a.1 certify that (1) (this haspital) attended the deceased from 19 to 19 that (1) (we) lost
saw the deceased glive an 2/2/ 19 86 and that in (my) (aur) appropriate death accurred on the date and hour and from the course stated
saw the deceased alive an
saw the deceased alive an
saw the deceased alive an
saw the deceased alive an source on the date and hour and from the couses stated obove, (I) (we) (did) (did not) view he body ofter death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN OTHER OF PHYSICIAN DECEASED

'4 - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Holloway Funeral Home, P.A., Salisbury, Maryland

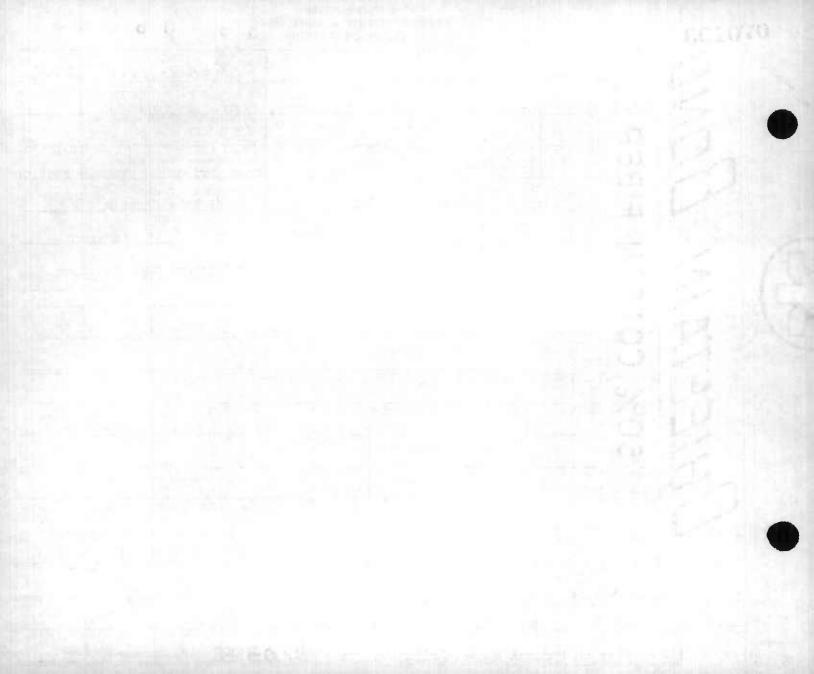
ry Salisbury, Wicomico, Maryland

250. DATE REC D. BY REGISTRAR 250. REGISTRAR 550. THE PROPERTY OF THE PROPER



05208	20	,	FOR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE   O 6 3 4 2								
			STATE REGISTRAR			CERTIFI	CATE OF D	EATH	REG. NO	o. 0	9 0	134
2 7 20	0.000	( TYPE		beth	MIDDLE .	Do	rsey	5.7.15		18 Q	8 96	26 HOUR M
To de 4 mg	1000	J. SE	emale	Whit	e	S. DATE O		1912	6 AGE (INYEARS LAST BIR			HOURS MIN.
	35	(	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	S .	Y? 8. MARRIED WIDOWEI	NEVER M	ARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	MD.
4 4	90	0	ON TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR JOH FACHITY, GIVE STR	EET ADDR SS	rother inst	1	TIG USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIF	ON F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
22 Topological Control	35	130 5	TATE AS LAND AND A SOIL AS LAND A SOIL A	or other institution UNITY nerset	134 CITY OR TO	NWC	13d. INSIDE C	TY LIMITS?	Old 413	ZIP CODE	2	871
of with	190	V	THER'S NAME FIRST Harry	WIDDLE	Mulde	r		MAIDEN NAM Effie			Hob	he
ond co	Top o	(	VAS DECEASED EVER IN U.S. A LES, NO OR UNKNOWN) (# YES,	ARMED FORCES? GIVE WAR OR DATES)			IT INFORMAL	NT	Sterling			
0	moral.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause pe SED BY: ATE CAUSE (a)			( LAGRAGE	of let	izus à mi	tertinia		NATE INTERVAL NSET AND DEATH
U	on. or re umafice		Conditions, if ony, which	DUE TO,	OR AS A CONSEC	DUENCE OF		x ru	al feut	lure	6 hos	
1 1	Community of the pro-		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, (	DR AS A CONSEC	DUENCE OF				10.0		
pariet.	to burio	NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	CONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 110	
he love n	Z	TIFICATI	190 DATE OF OPERATION	19b. CONI	DITION FOR WHI	CH OPERATION	WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES T	VERE FINDING NG CAUSES C	GS USED OF DEATH? NO
CIAN. 7 physics	18.49	AL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	T OR PART 2)	
C PHYS	wed or B	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	E OF INJURY TREET, FACTORY, OFFIC		211. LOCATIO STREET	N	CITY OR TO	WN	COUNTY	STATE
NO S	Health is more		22a.1 certify that (f) (this has			-		. 19	_, to	, 19.		hat (I) (we) last
The second	27 07 07 07 07 07 07 07 07 07 07 07 07 07		saw the deceased alive above, (1) (we) (did) (did 22b. SIQNATURE	nat) view the bad	y after death.		d that in (my) (	(aur) apinion de	eath occurred on the do	ite and hour or	122c, DATE SI	
0 44 V	2 T		W lla	ldu.	MD		P	TTENDING HYSICIAN	MEDICAL STAF	IAN	12-	8-96
O HOSPIT Trained by O FUNER	MPORTA		224 PHYSICIAN'S NAME (TYP	LOVE	- H:	D.	1314 k	Splin	6 MZ \$0	Misbu	my ho	1-21801
BP		130	URIAL, CREMATION, REMOVA	23b. DATE 2//	1/8/ 13	NAME OF CE	CHEN	4	Princes	Anna S	omer	+ STATM J
DHMH - 16 50 (VRA 15,		24 EI	HERAL DIRECTOR SHAME	linour	J Pres	icen A	Inne 2		REC'D. BY REGISTRAN	Section .	- Ph	till.

Elizabeth in Dorself CREATE 27 Alfa . C . to 1) icomico Dalismung W. comice Warsing temporalist eft bin : reversion formeand former 213-14-55350ms. Robert Sterling, Selicions, 128 Enrich Allife it never as three same it the



Pocomoke

FOR

REGISTRAR

1 - STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

And the second of the second o 

055115

STATE OF MARYLAND

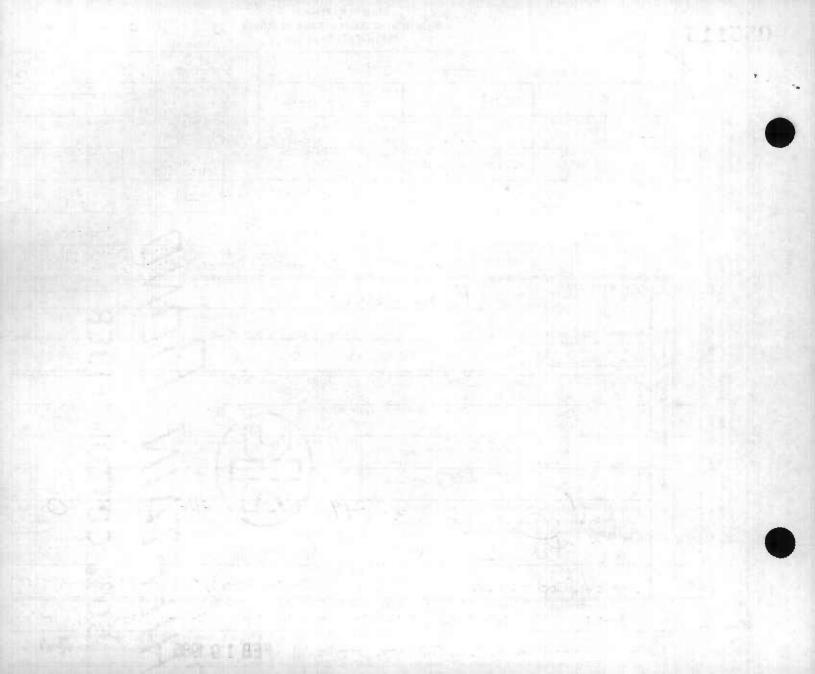
DEPARTMENT OF HEALTH AND MENTAL HYGIENS

FOR STATE REGISTRAR			DEPARTI		ICATE OF	MENTAL HYG DEATH	IENS 6	REG. NO.	1 6	5 3 6	4 5	
T. DECEASED NAME	Maude		rsons	Elli	ott			DEATH MOI		1986	8:0	
3. SEX Female		4. RACE White		5. DATE O		1889	6 AGE (INYE	ARS LAST BIRTHDA	YRS.	IF UNDER I YEAR	IF UNDER HOURS	MIN.
Maryland  10. CITY OR TOWN OF	3184	U.	WHAT COUNTRY?  S.A.  HOSPITAL NURSIN	WIDOWE	14.5	DIVORCED [	9. BALTIMOR WICC	OMICO	< 11	Y OF DEATH	DE DISCINIT	MD.
SALISBU		1314 H	HEACILITY, GIVE STREET  HAMIL TO	ADDRESS)		STHOTION	TYPE OF WORK	for most of wo	ORKING L		DE BOSINE	:33 OK
Maryland  44. FATHER'S NAME	13b COUN Wico	TY	Salisbury	/N	YES 🗌	CITY LIMITS?	13e STREET A	Craft S	tre	et 2/	180	/_
Charles		MIDDLE	Parsons		No	ncy		MIDDLE		Jacks		
NO OR UNKNOWN	ER IN U.S. AR/	MED FORCES? E WAR OR DATES)	219-07-6		17. INFORM	Mrs. Hamilto	. Kathry n Stree	yn Coll t, Salis	ins bur	(Daught y, Md.	er) 2180	1
Conditions, if a gove rise to couse (a), st underlying co	immediate ating the use last.	(b) DUE TO, O	R AS A CONSEQUI	ENCE OF	NOT RELAT	ED TO THE TERM	INAL DISEASE	OR CONDIT	ION GI	IVEN IN PART 1	(n:	
19a. DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERI		20a AUTO	PSY? 26	Ob. IF YE V CERTI	ES, WERE FIND! IFYING CAUSES 'ES []	INGS USEI	TH?
OR CONTRIBUTING (  (IF EITHER NOTIFY A  21d INJURY OCC  WHILE   NO	EDICAL EXAMINER)	P. 21e. PLACE	М.	AY YEAR 19 FARM, ETC.)	21f LOCA			CITY OR TOWN		COUNTY	5	STATE
22a L certify that	1 / 100	ol) ottended th	e deceased from 19 ofter death.	£0.00	nd that if (m	ATTENDING	MEDICAL	STAFF			that (I) (vicouses stated of 1986	
	A. Cock	ey, M.D				Newton	Street,	, Salisb				
23a. BURIAL, CREMATIC (SPECIFY) Burial	N, REMOVAL	23b. DATE 2/20/	/1986 V	Vicom	ico Me	morial P	ark Sa		, W	icomico,	Mar	ÿľand

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STAT			DEPARTM	CERTIF	EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 6	0	) 🤌	44 0
1 DECEASE			E .	E	vans	Februa	Lry 21	1,1986	26 HOUR 1740 P
	ale	4 RACE Whi		S DATE C	h 6 1910	6. AGE (IN YEARS LAST BIRT	YRS	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
COUNTR	rary Land	USA	WHAT COUNTRY?	WIDOWE	D MEVER MARRIED U	9 BALTIMORE CITY O WICOMICO			M
Salis		Penins	ula Gener	al Ho	ospital	USUAL OCCUPATE UTPE OF WORK FOR MOST O Waterman	ON F WORKING LIFE)	Seaf o	ed od
130. STATE			Rhodes P		13d. INSIDE CITY LIMITS? YES NO A	Rural Deli	ZIP CODE /	21858	
J4 FATHER		iver	Evans		Jennie	O. MIDDLE		Marsh	
	ECEASED EVER IN U.S. AI OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	216-14-9		Ida T. Evans		ss Anne		oll Dr. 21853
gav caus und	0 1	DUE TO, OI		NCE OF	Heart Disa		DITION GIVEN	N IN PART 11a	
CERTIFICATION 1840 D	PATE OF OPERATION		13 CA 3 C ITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, V IN CERTIFYIT	WERE FINDIN	GS USED OF DEATH?
OR CO	ACCIDENT WAS UNDERLYING [ ONTRIBUTING CAUSE OF DE EITHER NOTIFY MEDICAL EXAMINE NJURY OCCURRED	P. PLACE	M. MONTH DA M.	19	216. HOW INJURY OCCURRI		RY IN ITEM TS PART		STATE
220 1		ital) attended th	e deceased from	June L., a	nd that in (my) (aur) opinion d	to 21 F26		ind from the c	
	William' O PHYSICIAM'S NAME (TYPE				122- ADDRESS	MEDICAL STAF	IAN	21 Fe	686
230 BURIAL	L, CREMATION, REMOVAL		23c N		PO Bor 40 MY  EMETERY OR CREMATORY  Point Cemetery	23d LOCATION			

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

EEB 26 1986

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

"Bradshaw & Sons - Crisfield, MD 21817

1 0 82 E-105.1   18° 11	naunde?		9	S PERS		
		377 3 1		9.1.1.1	1	Tio:
					beat cro	
10° 10°						
oeers V gr	evilet from	2	Tind spins	S decre		
office at the second se	.0	elunal .	Brieve	zovill		
	68600 T 1	100 1	0812-11-01			011
	The state of					
484-14						
ARANTA.						

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 057067 MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR 20. DATE KNOWN DECEASED NAME TYPE OR PERMIT OF ESTI-Otha 15 1,86 0405 Thomas Finnev 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE MONTH LAST BIRTHDAY PRONOUNCED Black Male 97 DEAD 0405 88 YRS 186 IN SIRTHPLACE ISSAULOR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TNEVER MARRIED U.S.A. Wicomico Virginia WIDOWED DIVORCED CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS Salisbury Peninsula General Hospital retired-laborer domestic UAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND WORCESTER BERLIN NO X Rt. #3, Box 340/ 21811 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ANDDIE MARY CLAYTON EFORGE FINNEY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** 191-16-9613 Mable T. Finney Same as above no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY JAT HOME, 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.1 STREET WHILE NOT WHILE AT WORK CITY OR TOWN COUNTY Inspection X 220. I certify that I took charge of the remains described above, held an and in my apinian Natural causes X death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 2-15-86 SIGNATURE MEDICAL EXAMINER XAMINER'S NAME John T. Bulkeley, M.D. ADDRESS Salisbury, Maryland TYPE OR PRINT 73 a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 2/22/86 ry | Berlin | Worcester Maryland BURIAL New Bethel Cemetery 02/84 25M 24 FUNERAL DIRECTOR Rt. #2, Jersey Road **DHMH - 17** (VR A15 ME (5)) SALISBURY, MD. 21801 JOLLEY MEMORIAL CHAPEL

OR TATE EGISTRAR				STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE {	3 6 REG.	NO.	0	6	J	4	8
SED NAME	FIRST	,	MIDDLE	LAST	20 DAT	E OF DEATH	MONTH	D	AY	YEAR	26 HOU	R

_1		REGISTRAR	CERTII	ICATE OF DEATH	REG. NO.		
1		FIRST NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	INTH DAY YE	AR 26 HOUR
1	77100	-174	ELMA EVANSF	low	February	6 1986	0 1710 M
	3.552	X /	4 RACE S DATE (		6 AGE (IN YEARS LAST BIRTHD		
		F	NEGRO MONTI	1- 15- 37	58	YRS.	DATS HOURS MIN.
H		FOUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	H
1	W	INSTON JALEN	USA WIDOW	ED DIVORCED	Wicomico -		MD.
2	in.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME ( (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION		ND OF BUSINESS OR
1	The same of	alisbury	Peninsula General Ho	spital			100
4		STATE 136 COU	IR OTHER INSTITUTION GIVE RESIDENCE BY DRY AND TO	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE	21840
13	14 FA	ATHER'S NAME	and the state of t	15 MOTHER'S MAIDEN NAM	AE .		
3	2	IRVING	Stewart	SAUIC	MIDDLE	Litte	Lest
		VAS DECEASED EVER IN U.S. AI	RMED FORCES?   166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	A A	c 11.
		(# 123. O	320-12-8993	1/ice	-10W =	AME A.	> Above_
		18 CAUSE OF DEATH (Enter o	only ane cause per line far (a), (b), and (c)	20		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ATE CAUSE (a) Suanan C	ell concern	20 2/ Mil	my lo	npsonx 1
	191		DUE TO, OR AS A CONSEQUENCE OF				11
1	7-1	Canditions, if ony, which	( 16) Melasdafi	draw h	- mak		
1		gave rise to immediate cause (o), stating the	DUE TO, OR AS A CONSEQUENCE OF				70.
		underlying cause last	(a) my yasta/z	- where to	fer75.	1	t-
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDIT	ION GIVEN IN PA	RT 1ra
	0	mahdes	· mellities ,				
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE F	INDINGS USED USES OF DEATH?
d	THE	District Control			YES NO X	YES [	NO [
П	CER	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	HITEM IS PART I OR PA	RT 2)
	¥	OR CONTRIBUTING CAUSE OF DE					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
	ME	WHILE NOT WHILE AL WORK	(AT HOME STREET, FACTORY OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUN	TY STATE
			pital) attended the deceased from Acm	31 19 86	10 Feb 6	19 /0	1. that (I) (we) lost
		saw the deceased alive a	of view the body after death,	nd that in (my) (aur) apinian d	leath accurred an the date		
W	1	22b SIGNATURE	of view the body after death,	DEGREE		220	DATE SIGNED
		ill Chan	a holde	ATTENDING PHYSICIAN	MEDICAL STAFF	NT 2	16/86.
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		4	Callebia
				560 B102	- Ream Side	i, in	md.2001
		BURIAL, CREMATION, REMOVA	L 23b DATE 23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	CTATE
		BURIAL	2-10-86 SPIING	MILL Mem.	Hebro	N MAG	20 Kd.
	24 FL	UNERAL DIRECTOR	1 11 Appress Rt	# 2 SALIS 250 DATE	REC'D. BY REGISTRAR 25	REGISTRARS SIG	NA FURE

DHMH - 16 60M 7/84 (VRA 15, 4)



071216	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES 6 0 6	3 4 9
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 2b. HOUR
noy be	(TYPE	ORPRINT) Mary	y Catherine	Foxwell	Feb 20	1986 730 AM
E 8	3. SE		4 RACE	5. DATE OF BIRTH		F UNDER 1 YEAR H UNDER 24 HRS
ector rrs off		Female	Caucasium	Nov 9 1907	78 YRS	Will war and w
h. Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
meral. in 72 h		Md	U.S.	WIDOWED DIVORCED	Wicomico	MD.
the full	10 C	O HE WILL	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	124. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
1201	11511	AL PESIDENCE HE NEIRSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	Noad	Housewite	21057
AND 2 AND 2 Filled hould b	130	TATE 13b. CQU	INTY 136. CITY OR TON	13d INSIDE CITY LIMITS?	13. STREET ADDRESS Rd.	Pittsville Md
AARYLA d within	14. F/	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIDDLE	? LAST
S S S S S S S S S S S S S S S S S S S	16g. \	VAS DECEASED EVER IN U.S. AI			ADDRESS	10.1
be executed on and control on and control on the secuted of the se			IVE WAR OR DATES) 220-09	10.	Exwell Snow Hill	100 00 1007
ficate physics paper powel ent, the		PART I. DEATH WAS CAUSI		nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he de the central he and ding plants central he and ding plants central he and ding plants central he and the central he and th		IMMEDIA	ATE CAUSE (a)			
0 8 3 3 3 3	13	6 19 7 111	DUE TO, OR AS A CONSEOU	( W. )		2 years
a ( to the		Canditians, if any, which gave rise to immediate	(b) MA/W	MULLION		1-1/2/11
N. C. D.		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	ESCON OF HE		July 1982
, 20	10	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
RDS Property of the state of th	S S	Ro	adjation e	Frichare		
L RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	JN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
All the state of	E .	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
DEV THE PARTY OF A		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
NO NO STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	211 LOCATION		
NG PHYSICIA attending of the this centil on the building this and Meetal	ME	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE.		CITY OR TOWN	COUNTY STATE
O O O O		22a.1 certify that (1) (this hosp	pital) attended the deceased from,			9_8 (1) (we) last
2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		saw the deceased alive at	n TRW 17.5 19	86 , and that in (my) (aur) apinion	death accurred on the date and haur	and from the causes stated
A PER	3	Zh Signature	at) view the bady after death.	DEGREE		22c. DATE SIGNED
AL D AL D THE D AL D A	10	x Some	down n	ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	2/21/86
FENER THE SECTION OF AN	1	224 PHYSICIANS NAME ITYPE		22e ADDRESS		
O HOSPIT Huned by O FUNE Hould be MADETAN		J.O. Meadon		Suite B.20	2 Riverside Dr.	Sals. Nd.
E S M + 1 E	23a	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Burgal	Feb 22, 1986	Asbury	Mt Vernon	Somerset Mod
DHMH - 16 50M 4/82	24 F	JNERAL DIRECTOR	. ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 256. REGISTE	
(VRA 15, 4)		Jame & Henry	ma & Rai	me med FEB	26 1986 Julia David	m-Handelle ?

STATE OF MARYLAND

912120 the second of the second Firmst Consciona New 1 PCT The sale of the sa Three More More Land A THE STATE OF THE THE REPORT OF THE PARTY AND TH The transfer was the product of the sample and

(VRA.15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

and the state of t THE PLAN TO THE TANK I WANTED TO THE TENTON [4] -

065183	1.	FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	6 3 3 1
eoth be		CR PRINT)	MIDDLE	GIBBONS, Jr.	20 DATE OF DEATH MONTH DA	Y YEAR 26. HOUR 0, 1986 0905M
ge 4 may be ector. page rs ofter deat	3 SE		auc s	DATE OF BIRTH MONTH DAY YEAR 27	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
deoth. Pour	1	Delaware (	U.5/T 1	MARRIED NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY C WICOMICO	MD.
by the filed with	2			HOME OR OTHER INSTITUTION RESHOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK ED) MOST OF WORKING LIFE.	12b. KIND OF BUSINESS OR INDUSTRY
	M	IL RESIDENCE (IF NURSING HOME OR OTHER INS) TATE  OF COMMENTS NAME	1379ITY OR TOWN	13d. INSIDE CITY LIMITS?  YES NO M	STREET ADDRESS, ZIP CODE	21851
132	0	WILLIAM WE AND THE TOP	Gibbons. RCES? 166 SOCIAL SECURIT	Sr. Thez	WIDDLE	Crisp
(B) 2		ES NO OR UNKNOWN) (IF YES, GIVE WAR OR O	220-32-9	846 Janet F. G.	bons Poronote C	APPROXIMATE INTERVAL  RETWEEN ONSET AND DEATH
certifica ng phys bonpop r remove		CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	E(0) Carolia	e arreit		MWS
he death ce he ottendin emove corb matian, or i		Conditions, if any, which	ETO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE	deal Anjanter		HILR
gned by the property or other		underlying cause last  PART 2. OTHER SIGNIFICANT CONDITION	(c)	100	IINAL DISEASE OR CONDITION GIVE	YRS N IN PART 110
ow requirements been see	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OF	ERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
PHYSICIAN: The I ending physicion. this certificate has be bund-transif pe ad Menhal Hygiene do them 18 shows			TIME OF INJURY DUR A.M. MONTH DAY P.M.	YEAR	YES NO YES	
G PH er th ond ond	MEDICAL	21d INJURY OCCURRED 21e	PLACE OF INJURY HOME STREET, FACTORY, OFFICE FARM	211 LOCATION	CITY OR TOWN	COUNTY STATE
hospital or of the form of the		22a   certify that (1) this hospital) after saw the deceased alive on 2 above, (1) (1) (1) (1) (1) (1) view th	120 19 86		deoth occurred on the date and hour	
0 0 0 0 0 -		276 PHYSICIAN'S NAME (1YPE OR PRINT)	1. hum	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	2/20/28
TO HOSPITAL retained by th TO FUNERAL should be dete with the State IMPORTANT:	ar	D.M. Woo	<del></del>	PHMC	, Indiana was	
BP		URIAL, CREMATION, REMOVAL 23b D.  OUT 10  INERAL DIRECTOR	123/86 Fir	AE OF CEMETERY OR CREMATORY	23d LOCATION  CITY OR TOWN  COOPE WS  E REC D. BY REGISTRAP 25b REGISTRA	reester Md
DHMH - 16 60M 7/B4 (VRA 15, 4)	5	CATS Milan	Post	City Meters		AR S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

Etch to Michigan X Charles Cont.

Garage Davidson

HMH - 36 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

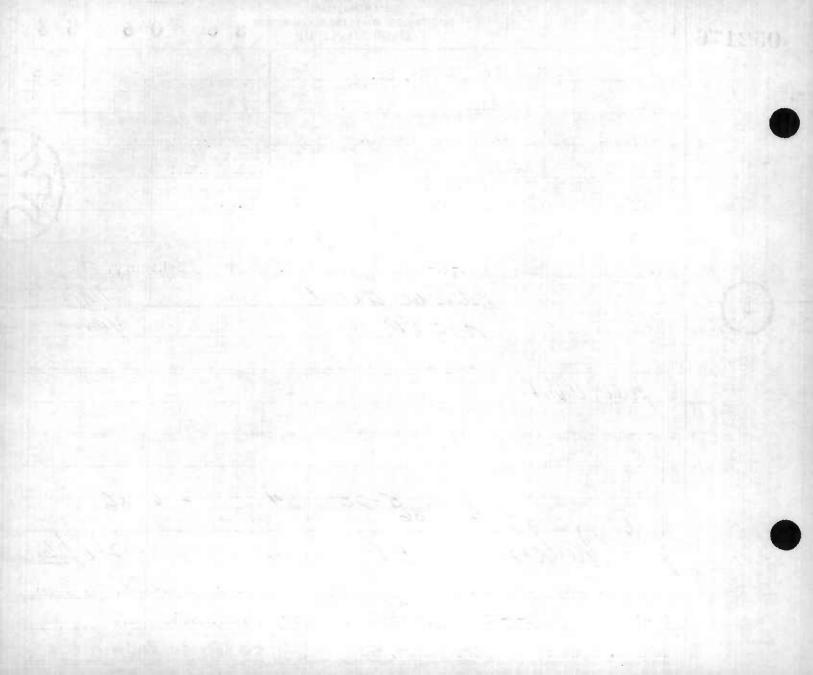
STATE OF MARYLAND

	FOR			DEPART	MENT OF HEA	TH AND		GIENE O	,	0 6	-9 6 4
6 [ '	- STATE REGISTRAR				CERTIFIC	ATE OF	DEATH	8	REG. NO.	0 0	3 3 3
	DECEASED NAME	FIRST	THE WAY	MIDDLE	LAST		19. 1	20. DATE OF	DEATH MONT	H DAY	YEAR 26 HOUR
	THE ORYKINI)	STE	PHEN B.	GREE	R. Sr.					2-6-86	7:10
1.3	5EX		4 RACE	THE YEAR	5 DATE OF B	ATE OF BIRTH			ARS LAST BIRTHDAY	MONTHS	RIYEAR IF UNDER 24 I
	Male		Wh	ite	4	7	98	87		YRS	
70.	BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	MARRIED C	NEVER	MARRIED [	9 BALTIMO	RE CITY OR CO	UNTY OF DE	ATH
1	Maryland		US		WIDOWED	j D	NORCED [	WICC	MICO CO		9 1 1000
	CITY OR TOWN OF	HTA3C	(IF NOT IN SUC	HOSPITAL, NURSI	T ADDRESS)		NOITUTITE		CCUPATION FOR MOST OF WOR	KING LIFE) IND	KIND OF BUSINESS
	SALISBURY			BURY NURS		E		lens	grinder		optical
US 13	SUAL RESIDENCE (# N	HURSING HOME OF	POTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	1. INSIDE (	CITY LIMITS?	13e.STREET A	DDRESS / ZIP	CODE	
	Maryland	Car	roline	Maryd	el Y	ES 🗌	NO [X	R.R.			2164
11	FATHER'S NAME		MIDDLE	LAST	15.	MOTHER	'S MAIDEN N	AME	MIDDLE		LAST
1	unkn						unkno	own			
180	WAS DECEASED EV		MED FORCES?	166 SOCIAL SEC	URITY NO. 17	INFORM.	ANT	ADDRESS			
L	no			179-07-9	215	Rob	ert E.	Greer Salisbury,			
Г	18 CAUSE OF DE			line far (a), (b)	nd (c)		. 1			- E	APPROXIMATE INTERVAL
	PARTI. DEATE		TE CAUSE (a)	MALAL	ac a	ul	er			12 15	Inr.
	DUE TO, OR AS A CONSEQUENCE OF										
		Canditions, if any, which gave rise to immediate									11151
	cause (a), strunderlying ca	ating the	DUE TO, O	R AS A CONSEOL	JENCE OF						
			(c)								
NO		IGNIFICANT	conditions co	ONTRIBUTING TO	DEATH BUT NO	T RELATE	D TO THE TER	rminal diseasi	OR CONDITIO	ON GIVEN IN	PART Ita
		PATION	110h COND	ITION FOR WHICH	H OPERATION V	VAS DE DE	OPMED	20a AUTC	DSV2 Inh	IE VES WED	E FINDINGS USED
TIFICAT	DAIL OF OFE	KAIION	170 COI4D	ITION TOK WITHER	TOPERATION	AWOLFKI	OKMED		IN	CERTIFYING	CAUSES OF DEATH?
1 200	210. ACCIDENT WAS	UNDERLYING F	7 21b. TIME C	F IN IURY	12	Ir HOW I	N JURY OCCI	JRRED (ENTERNA	NO .	YES [	NO 🗌
1 3	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH	AY YEAR			, in the same	.0.2 07 117,011 1777		
100	(IF EITHER, NOTIFY A		P. P. PLACE	M. OF IN ILIRY	19	f LOCATI	ION				
A A	E MARE IN NO.	WHILE		REET, FACTORY, OFFICE,		STREE			CITY OR FOWN	co	DUNTY STAT
	77s I certify that	WORK -	ded etternelad th	e decement from	5-	28	10/2	4	2	6 108	6 that (I) (we)
	sep fre dece	aned alive or	2-	5 191	86_, and t	hat in (my	) (aur) apinia	n death accurre	d an the date ar	nd have and to	ram the causes state
	22k(3f) 745(8RE)	(diet no	of view the body	after death.		GREE					L DAYE SIGNED
	XMIIIL	111111	Me_		40		ATTENDING	MEDICAL	STAFF	1.70	2/6/86
	W VVI I I	STAME TO	and the		123	e ADDRE		POIKECIORI	PHISICIAN		10/00
H	774 PHYSICIAN'S	TANKS THE P									
			SIFV M	D	C	TVIC	AVE	את דער ב	O CATT	CRIIDV	MD 2190
230	EARL M.	BEARD	SLEY, M.							SBURY,	MD. 2180
230		BEARD		230	NAME OF CEM emplevil	ETERY OR	CREMATORY	23d LOCA			

DHMH - 16 60M 7/B4 (VRA 15, 4)

John E. Boulais

Greensboro, MD



FOOKS FUNERAL HOME

WEST RD.& BOOTH ST. SALISBURY, MD 21801

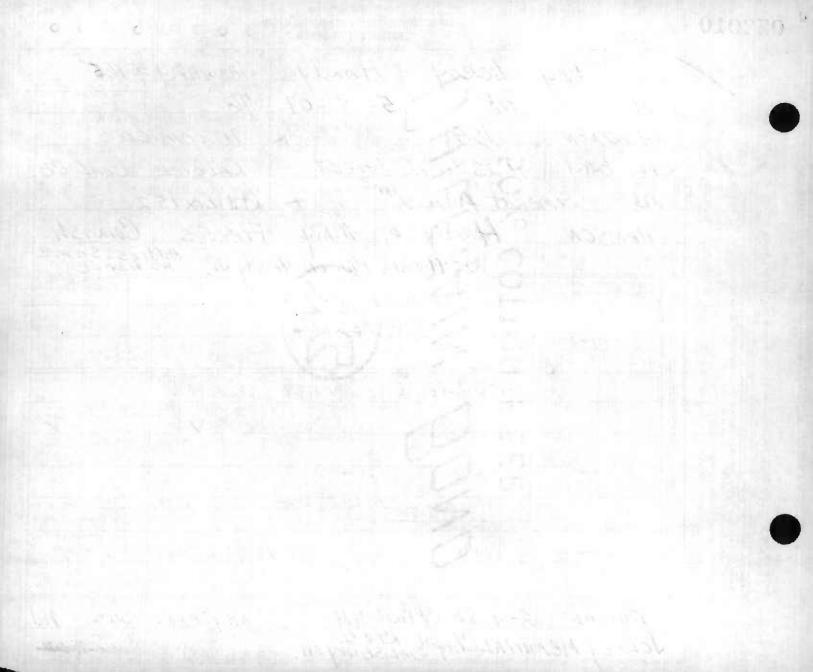
(VRA 15, 4)

(VRA 15, 4)

				STATE OF MAKTLAND					
	1 -	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENS 6 06355				
ריניו	. 044	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
		EASED NAME FIRST	MIDDLE	l a a l	20. DATE OF DEATH MO		HOUR		
			MIS. L-	Hall	tebruary		551 M		
	3. SEX	10	1 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRDAD		OURS MIN.		
	1- 211	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	FEB 19, 1911	A DALTHAODE CITY OD	YRS.			
35		OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	WICOMICO	OUNTY OF BEATH	MD		
20	10 CT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		JSINESS OR		
		isbury	Peninsula Cene	ral Hospital	Conducto	e set and	CROMO		
35	13a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEF	WN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	P CODE	2-180		
and a	I4 FA	THEP'S NAME	MIDDLE // LAST	15 MOTHER'S MAIDEN N		arrep vi	7 ( )		
21	1,	Atterton	F. Hou	MARV	HES TEN	e fock	ce .		
			RMED FORCES? 166 SOCIAL SEI	CURITY NO. 17 INFORMANT	ADDRESS	P.O Box 1	611		
		NO.	- 214-10	-6187 ARVA	T. HALL =	Enlisauseu.	Md.		
/			only one couse per line for to , (b),	ond (c)		APPAOXIMATI BETWEEN ONSE	T AND DEATH		
- 1		PART I. DEATH WAS CAUS	ATE CAUSE (0) CARI	DIO PULMONARY	ARREST.				
			DUE TO, OR AS A CONSEG						
		Conditions, if ony, which gove rise to immediate	( 1b) AS	RVD. C PREV	ENFARCT	PRDINC			
		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEG	UENCE OF	INFARCT	IIV.			
			(c)	2 25 4 71 201 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2					
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING IS	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIL	ION GIVEN IN PART To			
0	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS			
9	TIFIC		STORY STORY		YES NO	VCERTIFYING CAUSES OF YES □ N	DEATH?		
	CER	710 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	HIEM IS PART T OR PART 2)			
9	CAL	OR CONTRIBUTING CAUSE OF DE	MIN	19					
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	2	AT WORK AT WORK							
			oital) attended the deceased from				(I) (we) fost		
			n	and that in (my) (our) apinio	n death accurred on the date	and hour and from the cou-	ses stated		
		226. SICNATURE	1 1 1	DEGREE	MEDICAL STAFF	27c. DATE SIG	NED		
$\perp$		Ll cone	s & Chodn	CON M. PHYSICIAN	DIRECTOR   PHYSICIAN	10 2-12	-8C		
T		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	270 ADDRESS LUC	05710201	NCY SIO	(EE)		
-	22 2	DENNIS	J. (HODN	ICKI SAL	13 13 URY	MI 2/8	01		
	730 B	JRIAL, CREMATION, REMOVA	L 23b. DATE 23	MEZSENS CEM	23d LOCATION	COUNTY	STATE		
-	74 FI	NERAL DIRECTOR	7/3/1986 /		ATE REC'D. BY REGISTRAR 256	PEGISTRAP'S SIGNATURE	ryla		
M 7/84		NAME DIRECTOR	· Only	1230 07	TIL NEC D. BI NEO SIKAKIZO	MEGISTRAK S SIGNATURE			

Colored Market South have distinguished in the Comment of the State of t THE PARTY OF THE P Service X of which the control of the 188 of the 188 of the control of the contro

(VRA 15, 4)



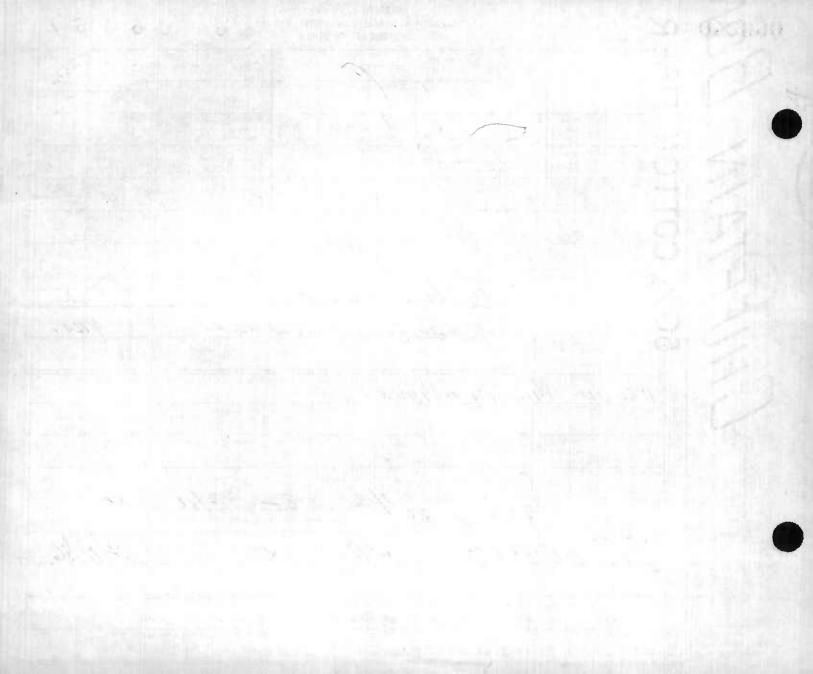
STATE OF MARYLAND

6240	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND	MENTAL HYGI	ENE 8 6	0 6 3	5 /
deoth		CEASED NAME OR PRINT)	FIRST LINE	HAYMAN	MIDDLE	HARC	UM .		20 DATE OF DEATH M		7:30
frer d	3. SE.			4 RACE		5. DATE C	5. DATE OF BIRTH		& AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEA	
urs o	1	Female		White  75 CITIZEN OF WHAT COUNTRY? 8			2 <sup>DAY</sup>	1908	77	YRS.	
135		RTHPLACE (STATE OR F		U.S.	Α.	MARRIE	DX D	MARRIED	9 BALTIMORE CITY <u>OR</u> COUNTY OF DEATH WICOMICO		
by the filled with	Marie .	TY OR TOWN OF DEA	ATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SALISBURY NURSING HOME			Retired School Feacher				
filled in nould be	13a S	AL RESIDENCE (IF NORS STATE Maryland	13b COUN Wicos	VTY	136 CITY OR TO Salisb	OWN	13d. INSIDE	NO [	0ak Hill To	ZIP CODE DWn House	2180
od 2 st	114. FA	THER'S NAME		MIDDLE	LAST			S,MAIDEN NAM	MIDDLE		AST
E O	16a V	Samuel VAS DECEASED EVER		erick MED FORCES?	Krause	ECURITY NO.	17 INFORM	Anna	Rt.#	ς	ker
ae di	-{	ves, no or unknown)	(IF YES GIV	E WAR OR DATES	213-22-	-8864	Charl	es S. H	Rt.# ] ayman <sub>Hebror</sub>		2183
ottendira nove cortro otion, or emore roumolic event, t		18 CAUSE OF DEAT PART I. DEATH W Conditions, if any, gove rise to imp	IMMEDIAT	TE CAUSE (a)	RAS A CONSE	OUFFICE OF	har at	henso	lewsis	BETWEE	MAS ,
ned by the please rem unial, cremi y, or other t		cause (a), stating the underlying couse lost  Due to, or as a consequence of (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							TION GIVEN IN PART	lia	
Ther to be	NO.	ASCVL	)- /	askin	Sonsl	1/seas	7				
hos ber t permit iene prio	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHI	ICH OPERATIO	N WAS PERF	DRMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
certificate rial-transi ental Hygi frem 18 sh		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	CITS .	M. MONTH	DAY YEAR	21c. HOW II	NJURY OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
fter this os the bu th and M orked or	MEDICAL	21d INJURY OCCURE	ILE 🗆	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFH	CE. FARM. ETC.)	211. LOCAT		CITY OR TOW	n COUNTY	STAT
DIRECTOR: A oched for use Dept of Heol If them 21 is mi			(this hospi ed alive on ed) (did in	3/17	0 11	51	DEGREE	1111	eoth occurred on the dot	77c. DA1	_
should be determined the State	1	PART M	A STATE OF THE SECOND		D	n	22e ADDRE	SS	MEDICAL STAFF	1	7/86
od & M	23a. E	FART M.		23k DATE	2	31 NAME OF C			23d LOCATION		
		Burial	10.11	2-21-1	1986 I	Parsons	Cemete	ery	Salisbury,	Wicomico,	Marylar

DHMH - 16 60M 7/84 (VRA 15, 4)

Paker & Bounds Funeral Home Salisbury, Md.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 064087 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 2b HOUR (TYPE OR PRINT) 16, 86 Hartet Francis John DEATH MATED 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE 101H LAT STHOAY) White PRONOUNCED Male 16.86 DEAD TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Jo. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico U.S.A. New Jersey DIVORCED IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Salisbury Peninsula General mechanical engineer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 134 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Sussex Selbyville 42 Bayberry La., 19975 Delaware YES X A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nicholas Elizabeth Scoolin Hartert 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Jodi Brice, 42 Bayberry La., No 081-07-4285 Selbyville, DE 19975 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH Arteriosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection Natural causes X deoth resulted from: Homicide \_\_ Undetermined manner TITLE (SPECIFY) 2-17-86 EXAMINER'S NAME ADDRESS Salisbury, Maryland Bulkeley M.D. John T. (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION REMOVAL 236 DATE 23d LOCATION 2/17/86 Delmarva Crematory Sussex Delaware cremation Lewes 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 108 Williams St., **DHMH - 17** W. Kirk Burbage, Berlin, MD 21811 (VR A15 ME (5))

Jonn Hartet 12 73 Hartet 172 16 86 172

Mccales

CY coninsula "eneral

Page 10 Page 10 Page 1 Page 1

71-35-71-35-71-35-71-35-71-35-71-35-71-35-71-35-71-35-71-35-71-35-71-35-71-35-71-35-71-35-71-35-71-35-71-35-7

		FOR
1		
	-	STATE

052059

campletely filled in by the funeral director, page 3

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

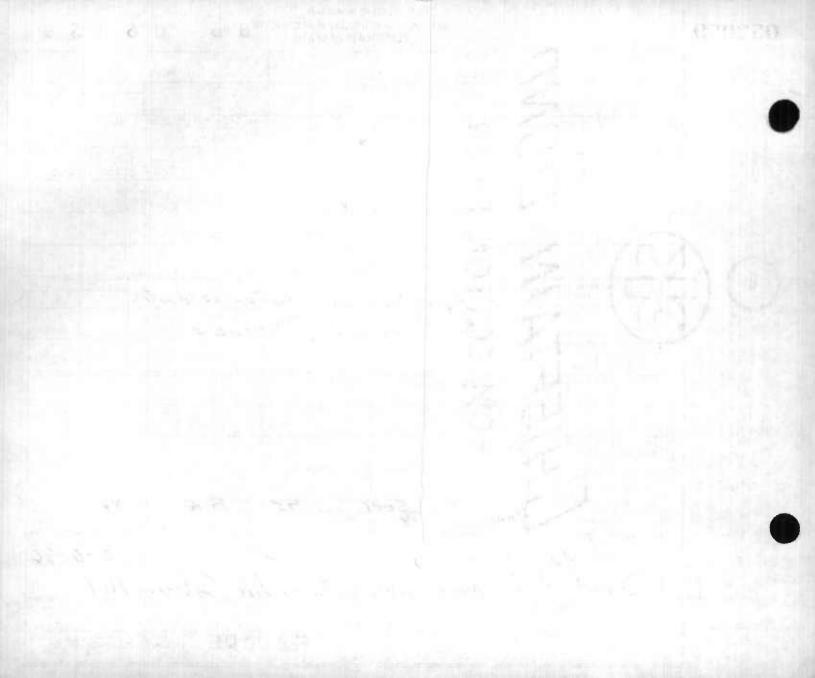
	_		-11.0	1.00	
)	0	6	3	5	
REG. NO.	-				

		ALCO COMMITTED TO THE COMMITTED THE COMMITTED TO THE COMMITTED TO THE COMMITTED TO THE COMMITTED THE COMMITTED TO THE COMMITTED THE COMMITTED TO THE COMMITTED T						REG. NO.				
		CEASED NAME FIRST	MI	DDLE	L	AST	20. DATE OF D	EATH MO	нтис	DAY YEAR	2b HOU	R
	(III)	Rollie	Wal	ter	Hast	ings		2	6	1986	5 A	M
	3. SEX				5 DATE O		6. AGE (IN YEAR	RS LAST BIRTHE		IF UNDER I YEAR	IF UNDER	24 HRS
	0	Male	White		M2NTH		91		YRS	MONTHS DATS	HOURS	MIN.
1	Jet BIRTHPLACE (STATE OR FOREIGN Jb CITIZEN OF WHAT COUNTRY)			HAT COUNTRY?	MARRIED NEVER MARRIED		9 BALTIMORE	CITY OR	COUNT	Y OF DEATH		
1		Maryland	WIDOWED DIVORCED		Wicomico MD.  1126 USUAL OCCUPATION 1126 KIND OF BUSINESS OR							
Z	3	Salisbury  11. NAME OF HOSPITAL, NURSING 203 New York Ave			PORESS)		Retired P.R.R Ticket Agent					
5	Tan S	AL RESIDENCE (IF NURSING HOME OR INTATE 13b, COUN Wicor	nico II	ive residence before a 3c. CITY OR TOWN Salisbury	1	13d INSIDE CITY LIMITS?	13e.STREET AD 203 Ne				301	
2	14 FA	red J.	. IDD. F	stings		15. MOTHER'S MAIDEN NAM	ΛE	MIDDLE		Taylor	1	
7		VAS DECEASED EVER IN U.S. ARA (ES NO OB UNKNOWN) (IF YES GIVE	WAR OR DATES)	66 SOCIAL SECUR		Audrey M. Ha	stings		New	York Av		
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	(c) ONDITIONS <u>CO</u> I		EATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE (	SY?	20b. IF YE	IVEN IN PART 1:	NGS USE	
	RTIF	21a ACCIDENT WAS UNDERLYING	21b. TIME OF	INITIDY		21c HOW INJURY OCCURR		100	Y	ES 🗌	NO [	
		OR CONTRIBUTING CAUSE OF DEAL	TH HOUR A.M	. MONTH DA	Y YEAR	THE HOW HAJORT OCCURR	ED (ENIERNATU	E OF INJURY I	NIEMIS	PART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE O	FINJURY ET, FACTORY, OFFICE FA	RM ETC )	21f LOCATION STREET		CITY OF TOWN		COUNTY	S	TATE
		220.1 certify that (1) (this hospital) attended the deceased from 19 19 1, to 19 15 , to 19 16 , that (1) (we) lost saw the deceased alive an 19 19 10 , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated about (1) the state of the date and hour and from the couses stated										
		276. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   276. DATE SIGNED  276. DATE SIGNED  2 - 6 - 86										
	David J. Gilmore Mazza Florida Are Salisi									sen	ma	
		SURIAL, CREMATION, REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATI		7	COUNTY	5	TATE
	04.5:	Burial	2-8-198	6 Pa	rsons	Cemetery	Sali	sbury		comico		ylan
	24 FL	JNERAL DIRECTOR		ADDRESS		FER	TOTE	TRARIA	D. BIGIS	HAR'S SIGN	STORE M	EL.
		Baker & Bounds	Salisb	urv. Mary	7land	27.		d				-

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottendirity should be detoched for use as the burnal-transit permit. Then please remove corting with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or IMPORTANT: If Item 21 is marked or Item 18 show any injury, or other troumotic



1 - FOR STATE RESTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	06360					
1. DECLASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	10 110011					
MOLL	IE L. HAYDON			2-16-86 10-45 MP					
FEMALE	4. RACE WHITE	S. DATE OF BIRTH  APR 6 1891	6 AGE (IN YEARS LAST BIRTHDAY	) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.					
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO COUNTY						
10 CITY OR TOWN OF DEATH SALISBURY	(IF NOT IN SUCH FACILITY, GIVE STREET SALISBURY NURSING	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OR					
13a STATE 113b COU	CARUNDEL ANNAP		13 STREET ADDRESS / ZIP BOXWOOD	D RD. 21401					
14 FATHER'S NAME FIRST RUTILLUS	S LADNER LADNER	MARY C.		LL LAST					
160 WAS DECEASED EVER IN U.S. A OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECU IVE WAR OR DATES) 577-26-		. WAITES #:	13					
PART I. DEATH WAS CAUS	only one couse per line far (0), (by an ED BY:  ATE CAUSE (a)	A thrombo	515	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH					
Conditions, if any, which gave rise to immediate cause [a], stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	the zelf anten	ids cleus st	T yes					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO					
OR CONTRIBUTING CAUSE OF DE	OR CONTRIBUTING CAUSE OF DEATH    CAUSE OF DEATH   HOUR A.M. MONTH DAY YEAR     CAUSE OF DEATH   HOUR A.M. MONTH D								
21d INJURY OCCURRED  NOT WHILE  AT WORK	(AT HOME STREET, FACTORY OFFICE, FARM, I		CITY OR TOWN	COUNTY STATE					
saw Meceaned alive o	nital attending the decrased from an activities the book after death.	and that in (my) (aur) opinion	death occurred on the dote a	, 19					

DHMH - 16 60M 7/84 (VRA 15, 4) EARL M. BEARDSLEY, M.D.
230 BURIAL, CREMATION, REMOVAL 230 DATE

231. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

MD . STATE

21801

BURIAL 2-19-86

HILLCREST

ANNAPOLIS AA MD

D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR FUNERAL CHAPELADDRESANNAPOLIS, MD. FEB 21 1986

571.05 MARKET TO THE STATE OF THE STAT

APR 6 1891 94

577-26-1108A DORCKUT B. WALTES 413

TATE OF FURNISHED CHAPEE AND ADDRESS NO. 1 CORRUSTANT

RUNTERS LARKE NAME C. J. PREE

nav divid van i

STATE OF MARYLAND

1 511135 B Ald I Some American some Banks & 120 march and Mary Portugal Section States

	2 7		Tacca		ILGHMAN	1-E13 a	1,1986 1700M
	ве 4 шо	3. SEX Male	49RACE Wh	ite Mo	OF BIRTH  O 05 1918	6. AGE (IN YEARS LAST BIRTHD	YRS.
	eoth Pag		ion, Maryland	WHAT COUNTRY?	NED NEVER MARRIED	BALTIMORE CITY OR O	
201	by the filed with	Salisbury	PC-C III	HOSPITAL, NURSING HOM Ilau Generales H	or other institution ospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Retired Shirt	ORKING LIFE) INDUSTRY
AND 21	filled in	Maryland	URSING HOME OR OTHER INSTITUTION  131 COUNTY  Wicomico	13 Delmar	13d INSIDE CITY LIMITS	Rie #3 Cor	nnelly Mill Rd 21875
MARYL	ompletely on 2 s	Harry	Thomas	Hilghman	15. MOTHER'S MAIDEN Susie	Esther	Powell
IIMORE,	on ond co	(YES NO OF UNKNOWN)	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO 220-10-8307	1309 N. Sa	Mrs. Susan Morse lisbury Blvd., Sa	eman (Daughter) Ilisbury, Md. 21801
ST., BALI	physicia on papers emaval.	18 CAUSE OF DE PART I. DEATH	ATH Enter only one couse per WAS CAUSED BY: IMMEDIATE CAUSE (0)	line for 101, th, and ic.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON	death ce attending nave corb ation, or r	Conditions, if o	ny, which ( (b)_	RAS A CONSEQUENCE OF	a with t	smorrhage	8 days
01 W.P	that the d by the lease ren ial, crem	couse (D), sto	ting the DUETO, O	RAS A CONSEQUENCE OF	s with a	of I Hyperber	- Leke
ORDS, 2	en signe Then p or to bur	PART 2 OTHERS	VIC Bawaren	ONTRIBUTING TO DEATH B	e. Rena	erminal disease or condit	
AL RECO	The law cian.	NO DATE OF OPEN		ITION FOR WHICH OPERAT		YES NO	OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO [
VOF VIT	SICIAN og physic certificot riol-tran ental Hyg	OR CONTRIBUTION F	CAUSE OF DEATH HOUR A	M. MONTH DAY YEA		CURRED (ENTER NATURE OF INJURY IF	JITEM 18 PART I OR PART ?)  — Se Soria
IVISION	offendir offendir frer this bost he bu			OF INJURY REET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	KYOWN GITY OR TOWN	COUNTY STATE
	Spital or Spital or CTOR: A far use of Health	sow the dece	(1) (this hospital) attended the ased alive on (did) (did not) view the body	1980	198	6 to 2 2	ond hour and from the couses stated
	ALOR AL DIRECTOR AL DIRECTOR OF Dept. IT. If Hem	22b. O'GNATURE	neabour	Thom	ALIENDINI		Examina 28 86
	TO HOSPIT etained by TO FUNER should be with the Sti	22d PHYSICIAN'S	NAME (TYPE OR PRINT)	EM 2	560 Blue	uside Baod	Salisbury md
	BP	23a BURIAL, CREMATIO (SPECIFY) Bur			CEMETERY OR CREMATO		Wicomico, Maryland
			3/0/	- John C			mar falla

Holloway Funeral Home, P.A., Salisbury, Maryland

HARRY THOMAS HILGHMAN, JR.

FOR

- STATE

TYPE OR PRINTI

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

MONTH

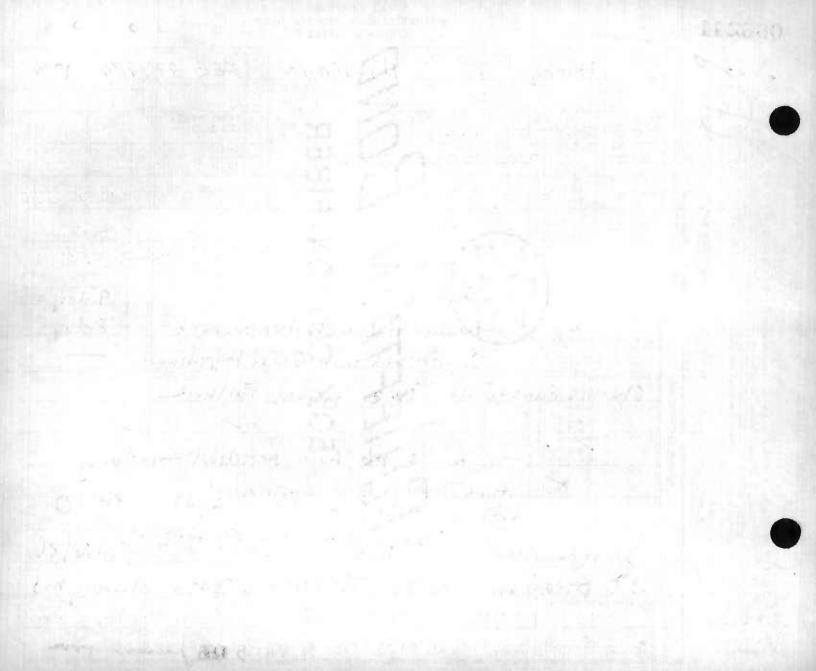
986 IF UNDER I YEAR

who waydoon- Handales

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

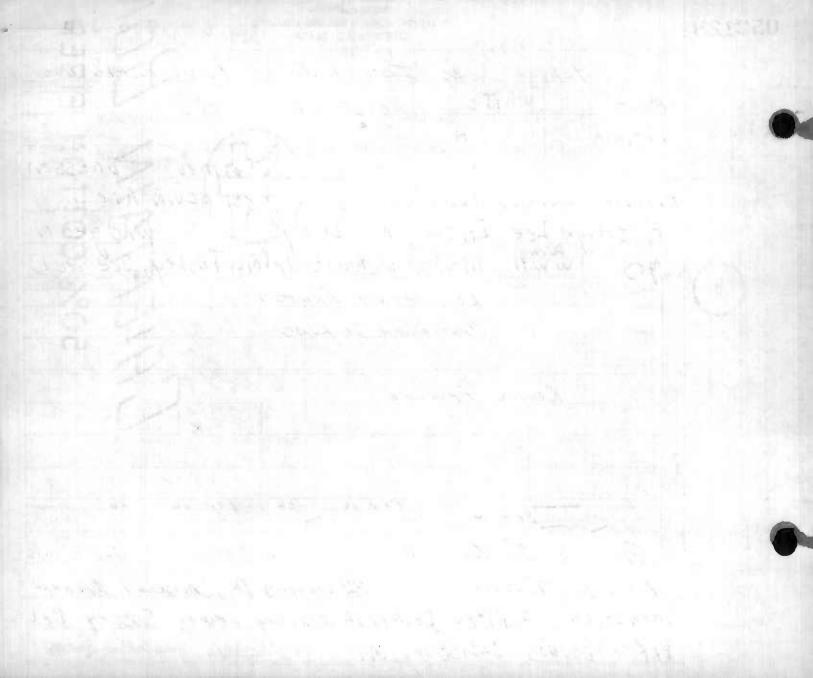
26 HOUR

20. DATE OF DEATH



						ATE OF MARYLAND		1			. 5112
		1.	FOR STATE			F HEALTH AND MENTAL H	YGIENE 8 6	0	6	3	6 3
06303	19		REGISTRAR		CER	IFICATE OF DEATH	REG. N	10.		5.1	
			CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	HTMOM	DAY Y	EAR 2	26 HOUR
moy be poge 3		(1177	LORIT	TA		HOPF	FEBRUAR	Y 24	1980	6	1450 M
moy er d		3 SE		4 RACE		E OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER I	YEAR I	IF UNDER 24 HRS
ctor s oft		F	MALS	WHITS		An. 27, 1920	bb	YRS	MONTHS	DAYS	HOURS MIN.
2 43	1.17	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	OLINITRY2 8		D BALTIMORE CITY	1114	Y OF DEA	TH	
# 157 c	ast	M	ISSOURI	U.S.A.		RIED NEVER MARRIED !	Wicomico	Lou	2014		MD.
2 24	0//		TY OR TOWN OF DEATH			E OR OTHER INSTITUTION	120. USUAL OCCUPAT		12b KI	ND OF	BUSINESS OR
B 45	04		lisbury	Peninsula			AT HOR		INDO.	JIKI	
2 52	30	USU.	AL RESIDENCE (IF NURSING FOM O			N) 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	E	9	3356X
2 1	00		RGINIA		SABAK	YES NO	BOX58 B	5 CA	PIA	115	Colos
N	ani	114 FA	THER'S NAME	MIDDIE	LAST	15. MOTHER'S MAIDEN	NAME		1 4	LAST	
841	14/		HARRY	J. 17	AHER	MARGARS	000	- 1	TT</td <td>OR</td> <td>13</td>	OR	13
2 25	187		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SC	CIAL SECURITY NO	-	ADDR	ESS			2511.9
1 15	10		125 W.	38H II.u	3167524	- LAMIL	1 RECORDS	1		33	
1 6	r \		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUSE	nly one cause per line for	ial, (b), and is	1		-	BET	PPROXIMA WEEN ON	ATE INTERVAL ISET AND DEATH
1 (1	T. )			TE CAUSE (a)	ardiae	Anist					
	-			DUE TO, OR AS A	CONSEQUENCE O	PC.	1 1.01		19		
de de nove	frou		Conditions, if any, which	(b) /14	suly	Congestar 1	rear gare	are			
of the series	other		cause (a), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE	1 1 -					
ed b	0 2		PART 2 OTHER SIGNIFICANT	(c)	come	Circaron	myopark	7		07.1	
5 5 5	to bu njury.	Z	ART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBE	STING TO DEATH E	//	V - +1	DITION GI	VEN IN PA	RI IIa	
w re been mit. T	Prior	ATK	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE F	INDING	SSUSED
n. hos h	3 8	CERTIFICATION					YES NO	IN CERTI	FYING CA		
N. The	Hygier 18 shov	CERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJ			RT 21	
CIAN 9 ph)	O E	-	OR CONTRIBUTING CAUSE OF DE			AR					
HYS deng	N E	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU		211 LOCATION					
the the	ked	M	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	ORY OFFICE FARM ETC	STREET	CITY OR TO	JAN	COUN	TY	STATE
o o o se os	mor	30	22a L certify that (I) (this hosp	ital) ottended tille deceo	sed from	3/21 10	6 10 2/-	74-	10 86	th	at (1) (me) last
TTEN TOR TOR	2] 15	71	saw the deceased alive on	2/24	19 86	and that in (my) ( apinio	an death accurred on the a	lote and ha	ur and from		
REC Hed	Hem.		abave (IS(va)(did) (did	be view the bady after de	eath	DEGREE				DATE SI	
the the etoc	O .		186	2//2	alla	ATTENDING	MEDICAL STA	FF CIAN []	0	2/2	4/86
SPIT d by NER be d	TAN TAN		THE PHOTETAN'S NAME (THE	orrent)		27e ADDRESS		, ,		1	1/-
TO HOSPITAL retoined by the TO FUNERAL (should be deto	APORTANT:		Chanter	2. Claar	anno	PO BOX	2636 Sale	shu	us?	30	2180/
C 0 6 6 6 8	3 3	23a E	URIAL, CREMATION, REMOVAL	23b DATE	23c NAME O	F CEMETERY OR CREMATOR	Y 23d LOCATION	2.000	1		
19 BP19	4	B	SPECIFY	FEB 27 198	L MORSI	ano Man Pag	CK PARKVIL	5 Bi	ALTO.	Ma	RYLANC
DHMH - 16 60	OM 7/B4	24 FU	INERAL DIRECTOR	), (	ADDRESS 880		ATE REC D. BY REGISTRA	256 REGIST	TRAR'S SIC	SNATUR	RE
(VRA 15,		21	ANSCHABLO	JE MS MOI	RISS HAR	FORO F	FR 2.8 1986	June	nurds	~- Ma	notes

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Lewer C. Johnson Heb & Misters S. domaich . d'amate STORE BEING Jacob John J. T. Land Land J. John J. Land Mitter as least and and mouder Disease the real fraction between the contractions of the contractions The said of the street of the said of the

	STATE OF MARYLAND										
1 1	FOR - STATE REGISTRAR		OF HEALTH AND MENTAL HYD RTIFICATE OF DEATH	GIENE 8 6	06367						
1. D	ECEASED NAME GEORG	GE WOODROW JOH	HNSON	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR						
	CKO1	SEE W.	JOHNSON	6	12 22 86 00\$55A						
3 S	EX		ATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS						
M	ale		ily 13, 1915	70	YRS						
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	ARRIED NEVER MARRIED		R COUNTY OF DEATH						
M	aryland	U.S.A.	DOWED DIVORCED	Wicomico	MD.						
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		120. USUAL OCCUPATION							
Sa	lisbury	Pehinsula Geheral	Hospital	Salesman Lumber							
130	UAL RESIDENCE (IF NURSING HOME STATE 136 COL		SION) 13d INSIDE CITY LIMITS?		ZIP CODE Salisbury, MD						
M		comico Salisbury	YES NO XX	RD #3, Lo	ot 13B, 21801						
14.8	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	202, 21001						
L	uther Purnel		Bernice Odell Butler								
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY			SS 13B, Salisbury, M						
1	10 NO OR UNKNOWN) (IF YES, C	222 09 45	27 Kathryn E	llingswort	h Johnson						
	18 CAUSE OF DEATH Enter				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
		only one couse per line for 101, (b), and 101 SED BY. ATE CAUSE (a) CARPIOPA	L MONARY	ARRESST	UNINOWN						
	IMMEUI			111/32/	470 870 0000						
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE			15 VRS						
	gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEQUENCE			anak Pari alem						
	underlying couse lost.	(c)									
Z	PART 2 OTHER SIGNIFICANT	(c)	BUT NOT RELATED TO THE TERM								
ATION	PART 2 OTHER SIGNIFICANT  OONE ST 11	E HEART Fai	BUT NOT RELATED TO THE TERM	, PINDE.	TES HELLITUS -						
FICATION	PART 2 OTHER SIGNIFICANT		BUT NOT RELATED TO THE TERM	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
ERTIFICATION	PART 2 OTHER SIGNIFICANT  ONCEST II  190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	BUT NOT RELATED TO THE TERM  CURE COPP  ATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO						
L CERTIFICATION	PART 2 OTHER SIGNIFICANT  OONE ST 11	196 CONDITION FOR WHICH OPER	BUT NOT RELATED TO THE TERM  COPD  ATION WAS PERFORMED  216 HOW INJURY OCCUR	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO						
-1	PART 2 OTHER SIGNIFICANT  OUNCEST IN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	196 CONDITION FOR WHICH OPER  216. TIME OF INJURY HOUR A.M. MONTH DAY Y F.M.	H BUT NOT RELATED TO THE TERM  COPD  ATION WAS PERFORMED  TEAR  19	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO						
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  OCNCEST IN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IFEITHER NOTIFY MEDICALEXAMIN  21d INJURY OCCURRED	196 CONDITION FOR WHICH OPER  216. TIME OF INJURY HOUR A.M. MONTH DAY Y	EAR  216 HOW INJURY OCCUR	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18 PART I OR PART 2)						
.7	PART 2 OTHER SIGNIFICANT  OUNCEST IF  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IFEITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOTIFY HELE AT WORK ALL WORK	196 CONDITION FOR WHICH OPER  216. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.  216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ET	EAR  216 HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18 PART I OR PART 2)						
-7	UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT  OUNCEST IF  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that If (this has	196 CONDITION FOR WHICH OPER  216 TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.  216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ET	HATION WAS PERFORMED  21¢ HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY?  YES NO CHYORTO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RYINITEM 18 PART LOR PART 2)  WN COUNTY STATE						
.7	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFI	196 CONDITION FOR WHICH OPER  216. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.  216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ET	ZEAR  211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET	200 AUTOPSY?  YES NO CHYORTO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PRINTIPM IS PART I OR PART ?)  WAN COUNTY STATE  THE COUNTY STATE  THE COUNTY STATE						
	UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT  OUNCEST IF  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that If (this has	196 CONDITION FOR WHICH OPER  216 TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.  216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ET	EAR  216 HOW INJURY OCCUR  (EAR  19  211 LOCATION  STREET  . ond that in (MY) (our) apinion  DEGREE	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18 PART I OR PART 2)  WN COUNTY STATE  22. 19 that (we) lost of ond hour and from the causes stated  22c. DATE SIGNED						
.7	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFI	196 CONDITION FOR WHICH OPER  216 TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.  216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ET	EAR  211 LOCATION SIREE  . ond that in (ay) (our) opinion  DEGREE  M. D. PHYSICIAN	200 AUTOPSY?  YES NO CHYORTO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RYINITEM 18 PART LORPART 2)  WN COUNTY STATE  TO THE ORDAND COUNTY STATE  22c. DATE SIGNED						
.7	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFI	196 CONDITION FOR WHICH OPER  216 TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.  216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ET	EAR  216 HOW INJURY OCCUR  (EAR  19  211 LOCATION  STREET  . ond that in (MY) (our) apinion  DEGREE	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18 PART I OR PART 2)  WN COUNTY STATE  22. 19 that (we) lost of ond hour and from the causes stated  22c. DATE SIGNED						
-7	PART 2 OTHER SIGNIFICANT  OUNCEST 11  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WMILE AT WORK 220 I certify that I (this has sow the deceased alive obove, in twell idid) (this 272b SIGNATURE  22d PHYSICIAN'S NAME (TYPE	196 CONDITION FOR WHICH OPER  196 CONDITION FOR WHICH OPER  216 TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.  216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ET  2 2 2 19  19 YIEW the body ofter death.	TEAR  216 HOW INJURY OCCUR  (EAR  19  211 LOCATION  STREET  19  10  11 LOCATION  STREET  19  ATTENDING PHYSICIAN  22e. ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred on the do	20b. IF YES, WERE FINDINGS USED 20b. IF YES, WERE FINDINGS USE						
WEDICAL WEDICAL	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  OUNCEST IN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WMILE AT WORK 220 I certify that I (this has sow the deceased alive obove, in twell (did) (did)  221b SIGNATURE  222d PHYSICIAM'S NAME (TYPE  Dr. Dennis  BURIAL CREMATION REMOVE	196 CONDITION FOR WHICH OPER  196 CONDITION FOR WHICH OPER  216. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.  216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ET  217. VIEW the body ofter death.  218. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ET  219. VIEW the body ofter death.  219. Chodnicki M.D.  Chodnicki M.D.	TEAR  216 HOW INJURY OCCUR  (EAR  19  211 LOCATION  STREET  19  10  11 LOCATION  STREET  19  ATTENDING PHYSICIAN  22e. ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO RETURN THE PART OF PART 2)  WAN COUNTY STATE  22. 19 F, thou (we) lost one ond hour and from the couses stated  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED  32c. DATE SIGNED  32c. DATE SIGNED  32c. DATE SIGNED						
WEDICAL	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNI	196 CONDITION FOR WHICH OPER  196 CONDITION FOR WHICH OPER  216. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.  216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ET  217. PRINT)  196 CON PRINT)  197 Chodnicki M.D  1236. DATE  1236. NAME	TEAR  216 HOW INJURY OCCUR  (EAR  19  211 LOCATION  STREET  210 ATTENDING PHYSICIAN  122e. ADDRESS  LOCUST &	20e AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC  23d. LOCATION  [11] 23d. LOCATION	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18 PART I OR PART 2)  WAN COUNTY STATE  22 19 10 thotal (we) lost of ond hour ond from the couses stoted  22c. DATE SIGNED 22 2 9 6 6.  S Salisbury MD  COUNTY STATE						

									TE OF N									
OFAG		1	FOR			1	DEPART	MENT OF	HEALTH	ANDW	MENTAL	7.3	de	0	6	3 6	5 8	
0512	14		STATE REGISTRAR			MEI	DICAL	EXAMIN	IER'S C	ERTIF	CATE	OFDE	RH I	REG.	NO.	w '	3 9	
			CEASED NAME	FIRST	-		MIDDLE			LAST			20 DATE			TH DA	Y YEAR	Zb HOUR
		{TYP	E OR PRINT)											KNOWN ESTI-				20 11001
ASS.	K 11			Oscar			L.				nson		DEATH	MATED	U 2	3	19.86	12128
#5=5	SE SE	3. SE)	(	4 RACE	5 DAT	E OF BIRTH	YEAR	6 AGE (IN YE		DER 1 YR.	IF UNDE	R 24 HRS.	PRONOU	ICED	MON	H DA	Y YEAR	2d HOUR
ZER.	ZZ	IV	lale	White	3	3	19	100	RS.	15 DATS	HOURS	MIN.	DEAL		2	3	1986	2128
- ARE	15	To B	RTHPLACE (SI		76 CIT	IZEN OF WH			I e	-000			9 BALTIA	AORE CIT	Y OR COL	INTY OF		12120
S S S S S S S S S S S S S S S S S S S	野石		REIGN COUNTRY)	,		TTC	A				EVER MAR			.73				
IS NECESSARY, PEASE LINERAL DIRECTOR. S FOR YOUR FILES. WITHIN 77 HOLIPS	X.	IVI	arylan	id .		US.			WIDOW		DIVOR			Wico				MD
SHA	5//	No. C	III OR IOWN	OFDEATH		NOT IN SUCH FA		RSING HOM TREET ADDRESS)	E, OR OTH	ER INSTITU	UTION	FOR	MOST OF WO	RKING LIFE)	TYPE OF WO	RK 12b.	CIND OF BU OR INDUST	
DELAY IS	(6) U	8	Salisbu	ury	Pe	ninsu	ila G	enera	al Ho	spit	tal	me	chan	ic (	aut	0)		
21201 ANY DEI AND 3 TC	100		AL RESIDENCE TATE	(IF IN NURSING HOME		INSTITUTION, GI			ION)	leas meme	######################################	lin ex			170	1/34	182	7
AN SET	356	0.00	rvland		Pest	er		ontown		YES X	CITY LIMITS?	n Re	ute	第1	Box	31	500/	
12. A A A C	58	-	- W			301	1 00	Omone				DEN NAMI		// - >	DOA	J		
W 6-≱c	100	0	ATHER'S NAME	muel		les	-	LAST			FIRST		- A	AIDDLE			LAST	
A SOCIAL	18/1	V .	EXXX	K	Ke			ohnso			aggi	.e		Lee			Hickn	nan
¥ 828	08 M	16# \ (Y	VAS DECEASE!	DEVER IN U.S. AR	MED FO	RCES?		CIAL SECURIT		17. INFOR	THAM		F	COLLE	SS #1	. B	1x 31	5
2/22	25		yes	Arn	ny V	VW2	21	6-16-	7011	Oli	ve J	Tohns	on P	ocon	noke	'Ci	ty, I	Md.
7 80 8	6		18 CAUSEO	F DEATH (Enter ar	nly one c	ause per line	far (o). (b)	), and (c) )									APPROXIMAT	EINTERVAL
# 000 O	1		PARTIDE	ATH WAS CAUSE	D BY:			ngest	ive	Hear	rt. D	1 500	92			86	TWEEN ONSE	T AND DEATH
O VEO	\$ EEE		35713	IMMEDIA				SEQUENCE		11001	L 0 1).	Luca	D C					
S SAA	215 215		Condition	ns, if ony, which		DUE TO, OK							D:			16		
# E58	348		gove ris	se ta immediate		(b)		rterio		rot	IC H	eart	Dis	ease			year	S
W VANA	NO.		lying cou	stating the under		DUE TO, OR	AS A CON	ISEOUENCE	OF									
# ENN	Soo S		379	20 10 11		(c)										- 1		
S ASA	255		PART 2 OTHER SH	GNIFICANT CONDITIONS	CONTRIBU	TING TO DEATH	BUT NOT RELA	TED TO THE TERM	HINAL DISEASE	OR CONDITI	ON GIVEN IN	PART 1 to:						
8 W 9 H 5	ESE.	Z				spira				nfec								
MECORDS  UD BE EXER PENDING MEDICAL	TEAR THE SERVICE OF T	Ĕ	19a. DATE OF	OPERATION	110		V	WHICH OPE								120	AUTOPSY	2
TAL R	A ALE	CERTIFICATION														20		L CO. 1
F 200	152	E	21. EVICONIA	L CAUSE WAS		21b. TIME OF	T IN LILLIAN		Laterna								YES [	NO X
NO PROPERTY OF THE WILLIAM	A SA		UNDERLYING					DAY YEA	R ZIE HC	OW INJUR	Y OCCUR	RED (ENTER	NATURE OF IN	DURY IN ITEM	18 PART 1 O	RPART 2)		
8 HE 23	2887	3		G CAUSE OF	DEATH	P.M		19										
DIVISION OF VITAL S CERTFICATE SHOU RETING THE WORD " RECOURT OT THE CHIEF	DEPARTMENT	MEDICAL	21d INJURY C	CCURRED		21e PLACE	OF INJURY	(AT HOME,		CATION								
B 25.00	328	2	WHILE AT WORK	NOT WHILE		SIRCEI, FACI	TORT, PARM, E	10)	3	INCE			CITY OR TO	NWN		COUNTY		STATE
47.38	212										- 11	িত্য		TOT				
#X28	5 # 2	10	22a. I certil	y that I took char	~		cribed abo	ve, held an	Autops	у Ц,	Inspect	ian X,	Inquiry	X,	ond in my	apinian		
WE WE	SES		death resulte	ed from: Natu	rol caus	es KX	Accident	L, Su	vicide	. Hom	icide	Unde	termined m	anner _	],			
\$2 H 2 H	288		CARLOS					45-9		TITLE (	SPECIFY)							
4. 光克	(五)		ACTUAL SIGNATURE	John	m (3	62	Len	sely	M.	D. De	eput	Y MED	ICAL EXAM	AINER	DA	TE NED	2-4-	86
SE SE	A S S S	1		0											510			
W G W	E 3 €	100	(TYPE OR PRIN	NAME Toh	nT	. Bul	kele	ev. M	D	ADDRESS.	Sa	lisb	urv.	Mar	vlar	d		
TO MEDICAL EXAMINER. TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM	PA A	23a B	URIAL CREMA	ION, REMOVAL				NAME OF CE					CATION					
		- (5	PECIFY)	, incinio - At	2	17/86						CITY	ORTOWN	1		OUNTY		ATE
07/84 BP			Burial UNERAL DIREC	TOP	4/	(/00	1	irst	Bapt	TSC	Cem.		COMO	Ke	Wor	ces	ter 1	ld.
DHMH		-	NAME -	DAA A		ADDRESS					CO	4 A	NCC STRA					
(VR A15 /	ME (5))	0	0004-	21/1 lele	W.	ocom	oke	City,	Md.		EO.	LUE		Julia	David	000 D	Bondage	

Cauta I, adula The same of the sa Purchase workers and the second of the secon The state of the s

AODRESS

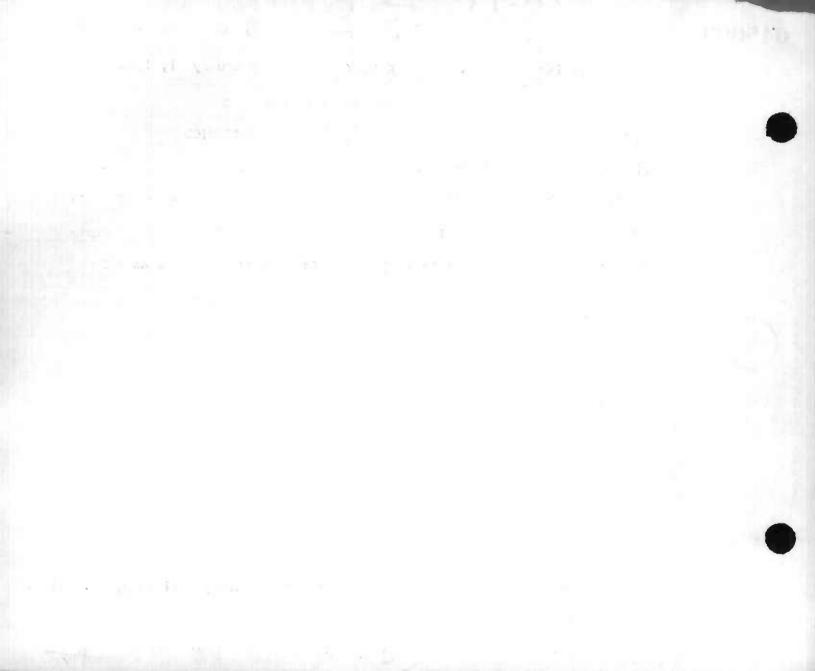
Balto., Md.

24. FUNERAL DIRECTOR

Anatomy Board

DHMH - 16 50M 4/83

(VRA 15, 4)



236 DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

REGISTRAR

23a BURIAL, CREMATION, REMOVAL

- STATE

062019

in Daydon-Aandell

2b. HOUR 30

BALTIMORE CITY OR COUNTY OF DEATH

REG. NO

126. KIND OF BUSINESS OR

SALISBURY, NO. 21801

YES [

86

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENEO

CERTIFICATE OF DEATH

COUNTY STATE

22c DATE SIGNED

NO [

86 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

23d LOCATION

REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

23c NAME OF CEMETERY OR CREMATORY

College, by Annual College and College and

## 052107 rector, page 3 urs after death

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

1		CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
1	TITPE	OR PRINT)	aurice			KELI	LY		2	-11-	86	2 A M
ì	3. SEX	K		4 RACE		5. DATE C			6 AGE (IN YEARS LAST!	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 MRS
1	N	Male		Whit	e	Augu		04*	81	YRS	MONTHS DATS	HOURS MIN.
1		RTHPLACE ISTATE OR	FOREIGN	b CITIZEN OF	WHAT COUNTRY	8 MARRIE	D NEVER MAR	RIED 🗆	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	10000
2	Ma	ryland		U.S		WIDOWE		RCED 🔀	WICOMICO		1 47	MD.
1		TY OR TOWN OF DE	ATH	(IF NOT IN SU	HOSPITAL, NURSH CHEACHITY, GIVE STREET S Head C	T ADDRESS)	OR OTHER INSTITU	TION	IZO USUAL OCCUPA (IVPE OF WORK FOR MOS) Auto Pai		17b, KIND ( INDUSTRY	OF BUSINESS OR
3	USUA 13a S	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION		RE ADMISSION)	A 124 INICIDE CITY	LIMITED	13e STREET ADDRESS	1 7 ID COR		
2	2.16	ryland		erset	Princes		134 INSIDE CITY	O X	Mitchel		4	1823
1	-	THER'S NAME		AIDDLE	LAST		15 MOTHER'S M	AIDEN NAM	NE 3		67	
1		Chest		V.	Kelly		Vi	rgini	a Riggir	1	1.AS	il .
2		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORMANT		ADD	RESS		
1		?	(4.16.5.5.16	THE ON PAIRS,	181-09-	7252	Mauric	e Kel	ly, Prin	cess	Anne,	Md •
	NOI	Conditions, if any gave rise to im cause (a), stati underlying caus	mediate ng the e last	DUE TO, C	DR AS A CONSEQUE	JENCE OF	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	NDITION GI	VEN IN PART 10	a
7	CERTIFICATION	19a DATE OF OPERA	ATION	196 CONE	ITION FOR WHICH	OPERATIO	n was perform	ED	200 AUTOPSY?	IN CERT	S, WERE FINDII IFYING CAUSES ES	NGS USED OF DEATH?
	MEDICAL CER	210 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 210 INJURY OCCUR WHILE NOT WAT WORK AT WORK	CAUSE OF DEAT	21s PLACE		PAY YEAR	211. LOCATION STREET	RY OCCURRE	ED (ENTER MATURE OF IN		PART I OR PART 2)  COUNTY	STATE
K		22a I certify that (I saw the decear above, (I) (we)	sed alive on_	2-	1/ 19	8-6 , ar			eath occurred an the	date and ha		that (I) (we) fast causes stated
		Elsa	ш. (	Zan	~ MI	7	PHY	NDING (SICIAN []	MEDICAL ST.	AFF ICIAN	22c. DATE	11-86
		E. C	SORI	S -	H.D.		Deer's	Head	Center, S	alisbu	ıry, Md.	21801
	C	DECIFY) TEMATION	1	236 DATE 2/14	IFC N	NAME OF C	th Cema	MATORY	23d LOCATION CITY OR TOWN	000	COUNTY -0	M STATE
	24 56	TOTRAL DIRECTOR	2 Din	near	Producess Prince	e 55 A	Anne Mk	FEB	REC D BY REGISTRA	R 25 REGIS	TRAR'S SIGNAL	andiese "

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending should be detached for use as the buriol-transit permit. Then please remaye carbo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or B

TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the retained by the haspital or attending physician.

marked ar Item 18 shaws any injury, or other traumatic

IMPORTANT: If hem 21 is

Part of the Arthur Security of the Contract of

the ffencial a new maneral toward brolyne.

At .anna shiponis . The called anna scotlings

AND THE RESERVE OF THE PARTY OF

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

045151

FOR

REGISTRAR

- STATE

EDITOR male line with a state of the 11 1 1 2 2 2 2 2 Billian Committee of the Committee of th Serly Hillerin Made The light . Over 1000 . I would not seen it.

_		FOR
l	-	STATE
		REGISTRAF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

)	0	6	3	4
		-		

	REGISTRA							REG.	NO.		
	CEASED NAME	FIRST	1	MICOLE	*	LAST T	ANDON)	20 DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR
{1YP	PE OR PRINT)	M.	FF	RANK	40	indoi		Februa	ary 26	3891,0	2215,
3. SE	X		4 RACE		S DATE C	OF BIRTH		6 AGE (IN YEARS LAST I		IF UNDER I YEAR	IF UNDER 24 HRS
	Male		White		Apri		1909	76	YRS	AONIHS DATS	HOURS MIN
Io. B	SIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	~ S NEVES	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
V	irginia		U.S.	. A.	WIDOW		ONORCED [	Wicomico			м
	alisbury	ATH	Penins	HOSPITAL, NUR WIENY GEY				12a USUAL OCCUPA {TYPE OF WORK FOR MOS! Waterman			of BUSINESS OF
130	JAL RESIDENCE (IF NUR STATE <b>irginia</b>	ISP CON	NTY OMA CK	GIVE RESIDENCE BE	OWN	13d. INSIDE YES 🛣	CITY LIMITS?	13e STREET ADDRESS Box 74	2344C		7999
14 F.	ATHER'S NAME	0.13%	WIDDIE	LAST		15. MOTHER	S MAIDEN NA		2000		
	Curtis		M.	Lando	on	F	annie	WIDDLE		Par	ks
	WAS DECEASED EVER			166 SOCIAL SE	ECURITY NO.	17 INFORM	TMAN	ADD	RESS		
Y	(YES, NO OR UNKNOWN)		VE WAR OR DATES)	227-24-	-1408	Ruth	W. Land	on Same	as 13 a	,b,c,d	.e
	18 CAUSE OF DEAT	H Enter o	nly ane cause per	line far (a), (b),	and Ichi					APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	VAS CAUS		Shace		lardia	c/Sen	+c		9	hrs.
		IMMEDIA		SOFECE	,		1 1			/	
			DUE TO, O	RASA CONSE			1			6	de c
	Conditions, if any		(b)	Total 10	J Trecto	any -					-ays
	cause (a), statii	ng the	DUE TO, OI	R AS A CODISE		- +				8	140 n C
	underlying couse	iusi.	(c)	metas	tatic (	Concer	ma 9	1 Stomacl		100	
2	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ontributing 1	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 10	a
CATION											
CA	190 DATE OF OPERA	TION	/ 4	TION FOR WH		N WAS PERF	ORMED	200 AUTOPSY?		, WERE FINDS	
CERTIF	120	86	a	lumono	2 07 500	mach	-	YES NO		5 🗌	NO 🗌
CER	210 ACCIDENT WAS UN		216. TIME O		0	21c. HOW	NJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ART I OR PART 2)	
¥	OR CONTRIBUTING		AIN	M. MONTH	D'AY YEAR						
H	216 INJURY OCCUR		21e. PLACE		19	211 LOCAT	ION				
뿦	WHILE NOT WE			EET, FACTORY OFF	CE, FARM, ETC.)	STRE		CITY OR	NWOI	COUNTY	STATE
						0/10				C2	
	220 I certify that fli		-/-		DI	2/19	19_6		-6		that (I) (we) la
1	saw the deceas abave, (I) (we) (	ed plive at did) (did n	at) view the body	after death.	86 .01	nd that in (m	y) (aur) apinian	death accurred an the	date and have	and from the	causes stated
	226. SIGNATURE	A	0			DEGREE	Town Services			22c DATE	SIGNED
0	1/1/		1:00	20000	1	TUD	ATTENDING PHYSICIAN B	MEDICAL ST DIRECTOR PHYS	AFF ICIAN [	12/2	6/86
3	274 PHYSICIAN'S N	AME (TYPE	OR PRINT)	acre		22e ADDRE		Zonice: On E in its		-/	1
	William	P. 5	adler, h	1. D.		1300	S. Divi	sion St	Salisbu	ry, Md.	. 2180
	BURIAL, CREMATION,	REMOVA	. 236 DATE	2	30 NAME OF C	EMETERY OF	CREMATORY	23d LOCATION			
	(SPECSEY) Burial		3/2/86		Sunnyri	dge Ce	meterv	Crisfie	ld So	merset	Md.
24 F	UNERAL DIRECTOR		17/2/00		J	-80 30		E REC'D. BY REGISTRA			
							530 DAI		TOTAL MESSAGE	I AFIGIO U III.	WILL.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Bradshaw & Sons

Crisfield, Md. 21817 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
MAR 4 1986 Gestia Davidson-Rondon

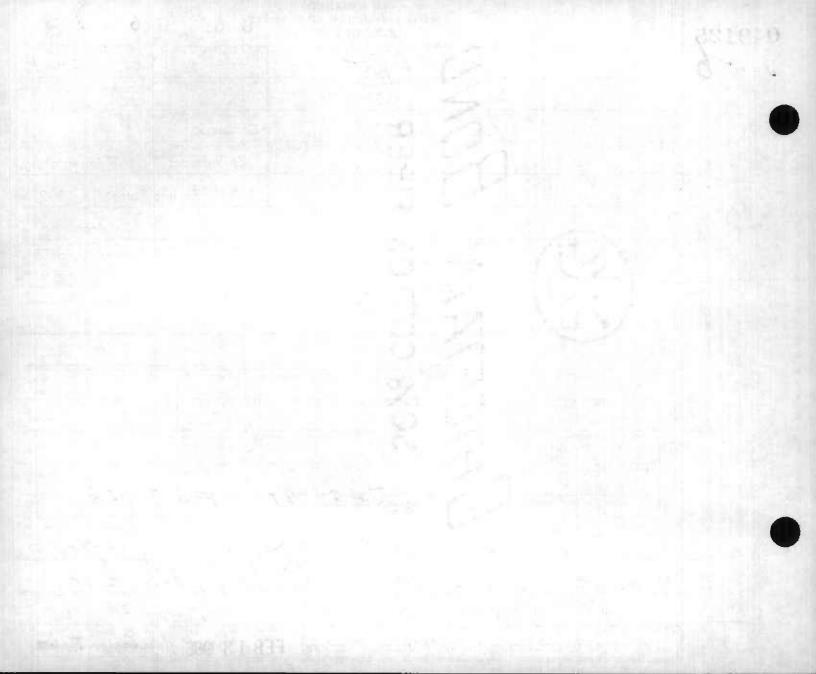
Cold Street Stre 35 1430 Enter and a second of the seco Ser , Little Mitte einium." A LINE (DANCS) AP NOT X YOUNGON NORMAND A MINISTER elan l notas .// elano 265 - 15 V. II 227-22-1463 | Etth . window 90pm ac 13 kg, cotton The state of the s The desired blad's tell or denoted by the Somethon Mills THE PARTY OF THE COLUMN TO THE WAR ASSESSMENT OF THE PARTY OF THE PART

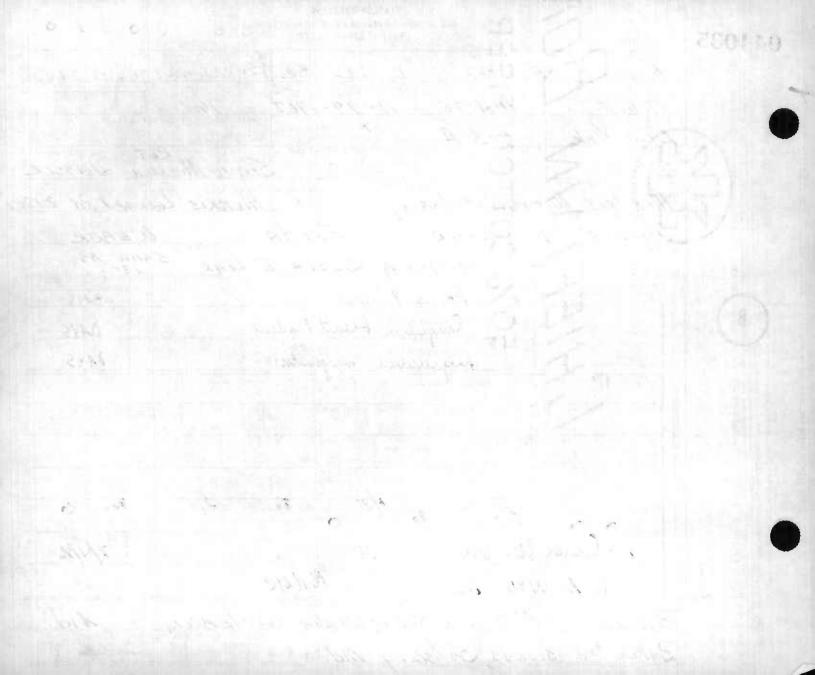
Same E La Caraca Frederica Company Target to angle the terror and the second to Yes and the second of the seco THE STATE OF THE S The state of the s GVICA. 

S	T	A	TI	E	0	F	M	A	R	YL	Al	ND	)
	_	_		_						-			

	0	6	3	7	100
	U	O	J	-	<b>Bay</b>
050 110					

25	1.	FOR STATE REGISTRAR		DEPAR	RTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENES 6 REG. NO.	6 3	15	
1.		CASED NAME FIRST DON'T		middle arie	Lips	sett)	February 9, 1	986	2.40 P	
3	. SEX	Female	4 RACE White		S DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 45	MONTHS DATS	R IF UNDER 24 HRS.	
1	Mi	ATHPLACE ISTATE OR FOREIGN OUNTRY) Uscatine, Iowa	76 CITIZEN OF	A.	Y? 8 MARRIEI WIDOWE	D X NEVER MARRIED D DIVORCED	9 BALTIMORE CITY OR COUNTY WICOMICO	Y OF DEATH	M	
S	al	isbury	Penins	cheacility, give stri	eet address)	spital	(TYPE S WORK FOR MOST OF WORKING Seamstress	LIFE) 126. KIND ( INDUSTRY Shir	t Factor	
1	130 S	L RESIDENCE (IF NURSING HO TATE Taryland 13b C	ME OR OTHER INSTITUTION OUNTY ICOMICO	13c. CITY OR TO		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CO	Street	21826	
1	)	Robert	MIDDLE	Finile		Audrene	MIDDLE		Tisor	
11		IS DECEASED EVER IN U.S. ARMED FORCES?  NO UNKNOWN) IF YES, GIVE WAR OR DATES)  8 CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY:		166 SOCIAL SE		17 INFORMANT Mr.	William H. Lipse	tt, Jr., (	Husband)	
	CATION	Conditions, if ony, whice gove rise to immediate to income couse (o), storing the underlying couse los PART 2 OTHER SIGNIFICA	DUE TO, C		O DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED	INAL DISEASE OR CONDITION G	ES, WERE FINDI	INGS USED	
1	CERTIFICATION	710 ACCIDENT WAS UNDERLYIN	140110 4		DAY YEAR	21c. HOW INJURY OCCUR		TIFYING CAUSES YES  PART 1 OR PART 2)	NO [	
	MEDICAL	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED  WHITE NOTIFY MEDICAL EXA AT WORK  220.1 certify that (1) (this becomes only only only only only only only only	21e PLACE (AT HOME ST	.M.  OF INJURY  REET, FACTORY OFFICE  the deceased from	19	211 LOCATION STREET  19  d that in (my) (our) opinion of	city or town	COUNTY	STATE  . that (I) (we) lost e couses stated	
		22d PHYSICIAN'S NAME (1	YPE OR PRINT)	DP ALL	nn Cun	ATTENDING PHYSICIAN PHYSIC	MEDICAL STAFF DIRECTOR PHYSICIAN D  S. DIRECTOR  BANJ MD	22c. DATE	9-86	
2		URIAL, CREMATION, REMO PECIFY) Burial		/1986		Cemetery OR CREMATORY	Eden, Worces	ter, Mar	ryland	
/B4 2		NERAL DIRECTOR HOTTOWAY Fune	ral Home,	P.A., So	ilisbury,		B 1 3 1986	STRAR'S SIGNA		





DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

FOR

- STATE

052206

restatu contica conidea Pare of a the stroll alestered graning fractional La de de la companya And the state of t Leave Minders and open open and the control of funeral director.

## FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DE	ATH	0 0	REG. NO.			
1. DECEASED NAME	FIRST	MIDD	I,E		AST		20. DATE OF			YEAR	25 HOUR
	John	R		]	MCCRACKE	N	Februa	ry 15,	1986		5050 N
3. SEX	4. R	ACE		5. DATE C			6 AGE (INY	ARS LAST BIRTHDAY)		RIYEAR	IF UNDER 24 HRS
Male		Caucas			mber 1,	1899	8		YRS MONTHS		HOURS MIN
BIRTHPLACE (STATE		CITIZEN OF WH	AT COUNTRY?	MARRIE WIDOWE	D NEVER MA	RRIED -		RECITY OR CO	UNTY OF DE	ATH	MC
Salisbury	1	Deer's	Head C	address) enter	OR OTHER INSTIT	UTION	(TYPE OF WOR	FOR MOST OF WOR		KIND C DUSTRY	OF BUSINESS OR
STATE  Md	136 COUNTY	130	CITY OR TOW	VN		10 1	Kun	DDRESS / ZIP		Sou	12/
WILLIAM INST	MIDE	Mc	Coake	20	15 MOTHER'S N	mma		WIDDIE	6	LAS	er
(YES, NO OR UNKNOWN		R OR DATES)	SOCIAL SECU		Guilde	a Mc	Cracke	ADDRESS Number	bley Statover	Md	oute
Canditians, if a gave rise to cause (a), st underlying co	immediate ating the				the /	ung					
	IGNIFICANT CON	iditions <u>cont</u>	TRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEAS	OR CONDITIO	n given in	PART I	o
190 DATE OF OPE	RATION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORM	AED	20e AUTO	PSY? 20b.	IF YES, WERI CERTIFYING ( YES []	E FINDING AUSES	NGS USED OF DEATH? NO
OR CONTRIBUTIONS	CAUSE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.	MONTH D	AY YEAR	21¢ HOW INJU	IRY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITI	EM 18 PART I OR	PART 2)	
(IF EITHER NOTIFY / 21d IN JURY OCC		218 PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE I	FARM, ETC )	211 LOCATION STREET			CITY OR TOWN	co	UNTY	STATE
saw the dec obove, (1) (w	t (1) (this haspital) eased afive an e) (did) (did nat) vi	2-11	19	83 at	nd that in (my) (a	19	death occurre	d an the date on		ram the	
22b. SIGNATURE	V.				DEGREE				22	& DATE	SIGNED

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE Surial 24 FUNERAL DIRECTOR

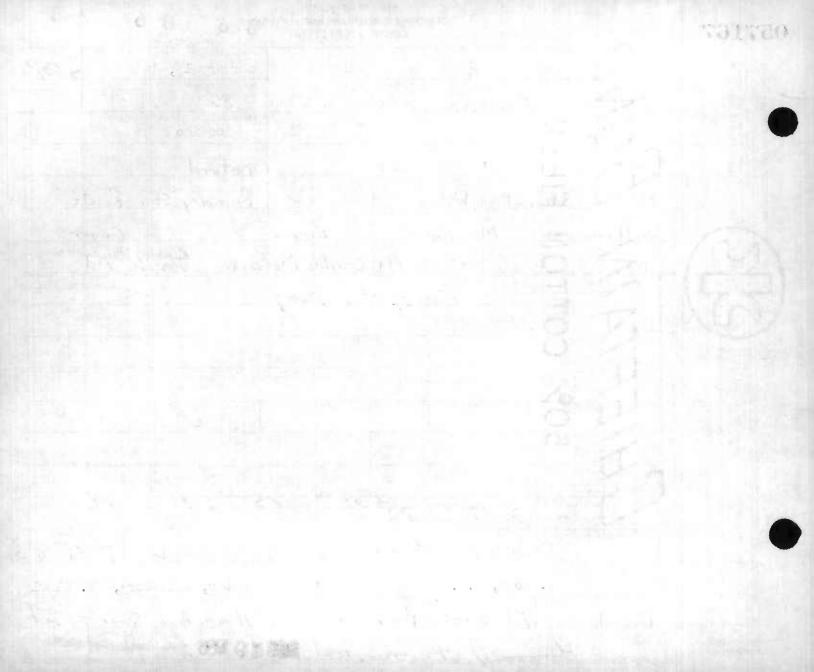
K. Yoon, M.D.

231 NAME OF CEMETERY OR CREMATORY seechwood

22e ADDRESS

Deer's Head Center, Salisbury

250 DATE REC'D



DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR

THE AT IN MAIN CONTRACT THE PROPERTY OF A THE STATE OF TH the see our our training as the partition by the

	STAIL OF W	AKTLAN	U	
DEPARTMENT	OF HEALTH	AND ME	NTAL HY	GIENE
CF	RTIFICATI	F OF DE	ATH	

3	6	0	6	3	8	-
	DEC N	10				

1. SEX	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS.  COUNTY OF DEATH  MD.  VORKING LIFE I 126. KIND OF BUSINESS OR INDUSTRY  AINTER  LIP CODE
3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY VEAR  Male  70. BIRTHPLACE (STATE OR FOREIGN MARY LAND White  10. CITY OR TOWN OF DEATH  Salisbury  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PENINSULA GUESTALE LITY, GUESTARES ADDRESS)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PENINSULA GUESTALITY, GUESTARE ADDRESS)  120. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS)  121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PENINSULA GUESTARE ADDRESS)  122. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF YES)  123. CITY OR TOWN 124. INSIDE CITY LIMITS? 125. STREET ADDRESS / 704 Mark FATHER'S NAME  15. MOTHER'S MAIDEN NAME	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS. 12b. KIND OF BUSINESS OR INDUSTRY  AINTER  IP CODE
3. SEX    A, RACE   S, DATE OF BIRTH   MONTH   DAY   YEAR   S. DATE OF BIRTH   MONTH   DAY   YEAR   S. DATE OF BIRTH   DAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS. 12b. KIND OF BUSINESS OR INDUSTRY  AINTER  IP CODE
male white June 30, 1897  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)   Maryland	YRS. COUNTY OF DEATH  MD. VORKING LIFE INDUSTRY  AINTER  LIP CODE
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)   8   MARRIED   NEVER MARRIED   Wicomico   Wicomico   Wicomico   Never Married   Wicomico   Wicomico   Never Married   Wicomico   Wicomico   Wicomico   Never Married   Wicomico   Wicomico   Never Married   Wicomico   Never Married   Wicomico   Never Married	MD.  12b. KIND OF BUSINESS OR  INDUSTRY  ain ter
Maryland  USA  Wicomico  No city or town of death  11. Name of Hospital, Nursing Home or other Institution Salisbury  Peninsula General Hospital  12. USUAL CCUPATION (Type of work for most of N retired P  13. STATE  13. COUNTY  13. CITY OR TOWN  13. CITY OR TOWN  13. INSIDE CITY LIMITS?  13. STREET ADDRESS  70.4 Mark  FATHER'S NAME	MD.  126. KIND OF BUSINESS OR  INDUSTRY  ainter
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   12a USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY ainter
Salisbury  Penninsula Ceneral Hospital  (ITYPE OF WORK FOR MOST OF A PENNINSULA CENTER ADDRESS)  PUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  134. STATE  135. COUNTY  136. CITY OR TOWN  Maryland  Worcester Pocomoke  15. MOTHER'S MAIDEN NAME  (TYPE OF WORK FOR MOST OF A PROST OF A POST OF A P	norking life) INDUSTRY ainter
13d STATE   136 COUNTY   13c CITY OR TOWN   13d INSIDE CITY LIMITS?   13e STREET ADDRESS / 2   13d INSIDE CITY LIMITS?   13e STREET ADDRESS / 2   15   15   15   16   17   17   17   17   17   17   17	
Maryland Worcester Pocomoke YES & NO 704 Mark	
FATHER'S NAME	et Street 2185
FIRST THOUSE	
ADDRES	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-24-1266 Fave Smith Pocomoke	
PART I. DEATH WAS CAUSED BY. — PAID 11 mm n MO C	BETWEEN ONSET AND DEATH
(c)	
	TION GIVEN IN PART 110
100 DATE OF OPERATION 100 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY?	ON IF YES WERE EINDINGS USED
2 IN DATE OF OPERATION	N CERTIFYING CAUSES OF DEATH?
YES NO	
	NITEM TO PART 1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
21d. INJURY OCCURRED  21e. PLACE OF INJURY  21l. LOCATION  STREET  CITY OR TOWN	COUNTY STATE
sow the deceased alive on Feb 10 19 86, and that in (my) (our) opinion death accurred on the date	and hour and from the causes stated
	224. DATE SIGNED
	ND 2/11/86
	2
PAUL R Fleiser 305 Tenth ST 1	sismotel & mil
	19 110.
(SPECIFY)	
Burlal 2/13/86 Remson Meth. Cem. Pocomoke	Worcester Md.
Appres Pocomoke City of the Color of the City of the C	Davidon-Handlett

DHMH - 16 60M 7/84 (VRA 15, 4)

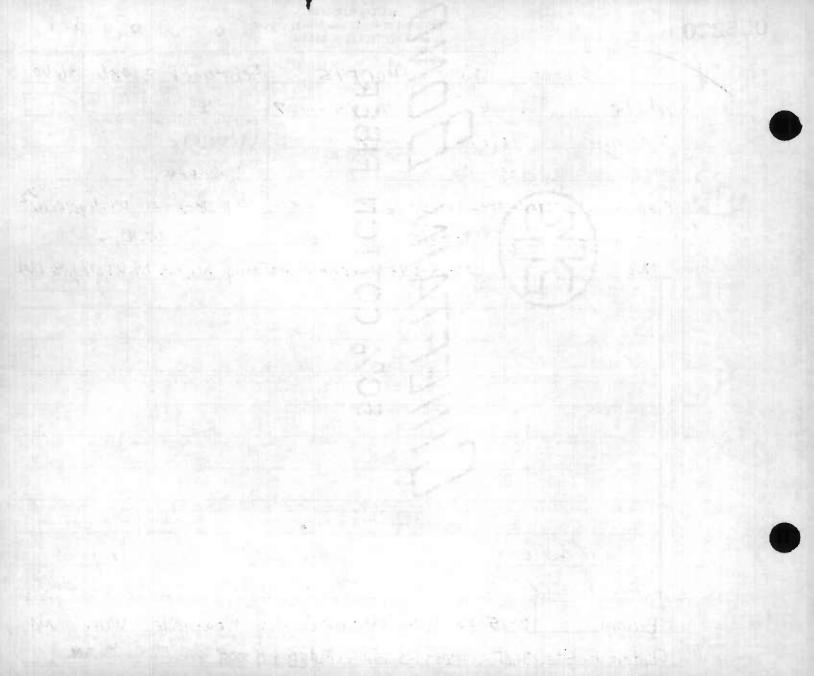
TO HOSPITAL

BP.

and the second second second second the second services of 

## STATE OF MARYLAND

- CA				STATE OF MAKTLAND		2 (3 )
055220	1.	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	6 3 8 1
- 1		CEASED NAME FIRST	MIDDLE	A BAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
e The	TIYPE	OR PRINT) Albert	N.	Morris	February 8	1986 0640m
6 6 7	). SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
9e 4	1	Nale	Black	7- 04-1907	78 YRS.	MONTHS DATS HOURS MIN.
a 41 m		RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
in 72 in 72	1	Lipedinia	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	MD.
e de te	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
to soft			Peninsula Gen	eral Hospital	LAGO12612	IFE) INDUSTRY
4 hou	13a	AL RESIDENCE (IF NURSING HOME OR OTH	TER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP COD	E 2/803
hin 2	14 E	TARY LANCE W DOZ	BETER Uhaley	YES NO M	Rt Box 121	Whaleyville MD
d wift	3	FRANK MID	Morris	FIRST	MIDDLE	LAST
con	160 V	VAS DECEASED EVER IN U.S. ARME			ADDRESS	ILIMS
Poge Poge		YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	437 LEDNA ARME	tenna Rti Box 1	2) Whatewille Mal
person		18 CAUSE OF DEATH (Enter only o				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys phys phys permov event,		PART I. DE ATH WAS CAUSED B	Y: Cardia			SE WITH ONLE WAS DEAD
or no			DUE TO OR AS A CONSEQUE	NCF OF		
deat otter ove tion.	136	Conditions, if ony, which	16) Diabete	NCE OF Mellitus		
t the remover the the tremo		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF		
that that design in that the second in the s			(c)			
signe Then p to bur njury.	NO	PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing to d</u>	EATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIV	VEN IN PART 110
beer mit prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
the line in hos	TIF				1 1	ES NO
hysical rons of Hygie Hygie 118 ships	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
SICIA ng ph certific rol-th entol	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
his of hor h	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21f LOCATION	CITY OR TOWN	COUNTY STATE
offer ther han han	>	AT WORK NOT WHILE AT WORK	The state of the s	NOTE		
NDIR NS A NS A Health		220 I certify that (I) (this hospital)		2/4 1984	_, to 2/8	19.86 , that (1) (we) lost
Sprito CTO CTO I for of h		sow the deceased alive on obove, (I) (we) (did) (did not) v		ond that in (my) (our) opinion d	leath occurred on the date and hou	or and from the causes stated
OR A ched ched ched ched ched ched ched ched		226 SIGNATURE OOM	4	DEGREE		224. DATE SIGNED
by the by the ERAL Decederor Stote D		1 and Rose	eug	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	1/8/84
FUNE bld be old be of the S	12	224 PHYSICIAN'S NAME (TYPE OF PR	INT)	22e ADDRESS	1	
etoined by TO FUNERA should be de with the Stot	-	I HUL K FLE	ury		SIDE UR. SA	1.15 bury Ma.
	730	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	24 EI	DUISTA!	2-15-86 10	MALEYVILE CEMPTER	MADENUILE REC D. BY REGISTRAR 256. REGIST	Wer, NA
DHMH - 16 60M 7/84	1	NAME	ADDRESS	OL CALL MALL	THE D. BT REGISTRANIZED. REGIST	INAN S SIGNATURE
(VRA 15, 4)	(	-linton 1. STEU	14121 WEST 1.	CO SAIR WOFFR 1	0 1026' 400 Land	ina-panaere.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH 26 HOUR Murray 986 YRS BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY Pittsville-Gumboro Rd. 21850 Donaway 108 Spineaker Drive, Salisbury, Md. 21801

56 h

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22r. DATE SIGNED 2/9/1986

PHYSICIAN DIRECTOR PHYSICIAN

STATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

- STATE

REGISTRAR

L DECEASED NAME

23b. DATE 2/13/1986

Pittsville Cemetery

Pittsville, Wicomico, Maryland

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

and the second second the second second

SALISBURY, MD 21801

STATE OF MARYLAND

9127	1 -	FOR STATE REGISTRAR		DEPARTN	NENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	L HYGIENS	6 0 REG. NO.	6 3	8 4
The last	TYPE	OR PRINT) Edgar	Wai	nwright NOT	No	tingham	2a D	ATE OF DEATH MONTH	- 8 - 8	YEAR 26 HOUR
No.	1.50	Male	4 RACE Whit	e	5 DATEC			E (IN YEARS LAST BIRTHDAY)	IF UNDER	TYEAR IF UNDER 24 HRS. DATS HOURS MIN.
35	Fa	RTHPLACE ISTATE OR FOREIGN COUNTRY) irmount, Marylar		WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED		WICOMICO	UNTY OF DEA	MD
90	0 CI	SALISBURY	(IF NOT IN SHE	CHEACHITY GIVE STREET	DDRESS)	NURSING H	/TV06	SUAL OCCUPATION OF WORK FOR MOST OF WORK Salesman	ING LIFE) 12b. K	IND OF BUSINESS OR JSTRY
	30 S	At RESIDENCE (IF NURSING HOME TATE 136 COL		Salisbury		13d Inside City Limit	TS?   13eS]	REET ADDRESS / ZIP (	Street	21801
32	140 FA	THER'S NAME FIRST Edgar	A. No	ottingham		Bessie	N NAME	WIDDIE	Н	lall <sup>551</sup>
/ medical		VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, C	RMED FORCES?	16b SOCIAL SECU 228-01-7		Same as	Mrs. No #13e	orma Adkins	Nottin	gham (Wife)
e carbanpap n, or remava matic event, 11			SED BY: ATE CAUSE (a)	or AS A CONSEQUE	al (	ditrios	cless	sis,	86	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
al, crematio		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, C	DR AS A CONSEQUE	NCE OF					,
iene prior to bur	CERTIFICATION	PART 2 OTHER SIGNIFICANT RESPUTE TO	y troc	& wheat	cas.	NOT RELATED TO THE	200 20c	Des & ou	F YES, WERE I	FINDINGS USED AUSES OF DEATH? NO
ed or Hem 18	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A ER) P  21e PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, FA	19	21t. HOW INJURY OF	CCURRED (E	NTER NATURE OF INJURY IN ITE	M 18 PART I OR P	
ot. of Health or 21 is mark		220.1 certify that Me (this has saw the deceased alive above, Mr (we) (did) (did	Tel	8 19 8		d that in (my) (aur) ap	94 , to	accurred an the date and		, that (I) (we) last am the causes stated
RTANT: If he		226. PHYSICIAN'S NAME (17PE	OR PRINT]	ill J		ATTENDITE PHYSICIAL PROPERTY OF THE PHYSICIA	NG MET	DICAL STAFF CTOR M PHYSICIAN		2/9/86
shoult with t	00.0	(Homas C	~ HILL	- JR		Mine 1	Mult	Koad, S	palis	busy, Md,

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

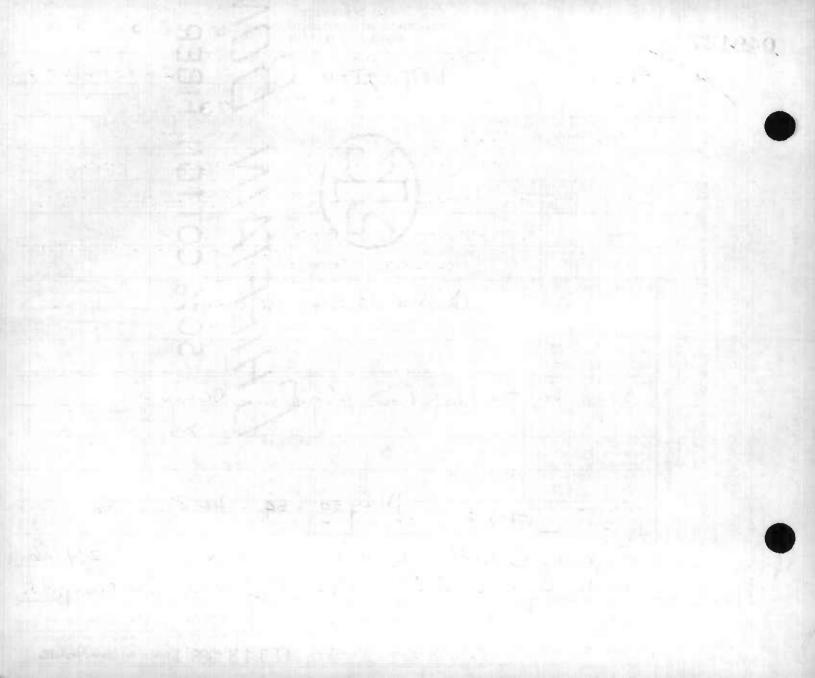
2/11/1986

23b DATE

230 BURIAL, CREMATION, REMOVAL Burial

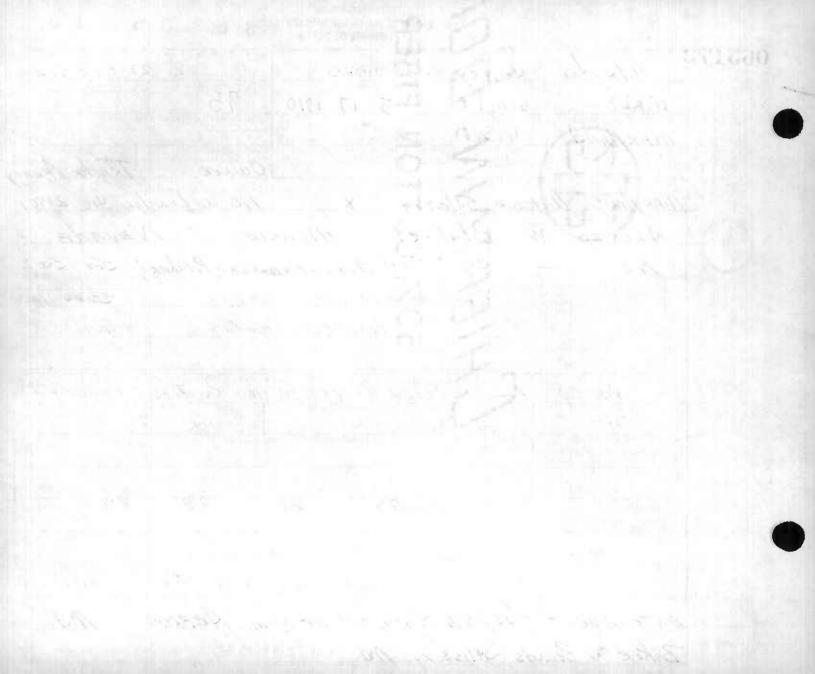
24 FUNERAL DIRECTOR

Wicomico Memorial Park Salisbury, Wicomico, Maryland



STATE OF MARYLAND

STATE OF MARYLAND



59093	1.	FOR STATE REGISTRAR									
e 4 may be clo. people 3 s after death		CEASED NAME FIRST FOR PRINTS  TOSPH  X	INR MI	S. DATE OF BIRTH MONYA DAY YEAR 23 /5 (8	PEBRUA  6. AGE INVEARS LAST BIR	MONTH DAY YEAR 26. HOUR 1420					
and the same of th		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	* MARRIED WEVER MARRIED WIDOWED DIVORCED	Wicomico	R COUNTY OF DEATH					
Settle 67 at	Sa.	ITY OR TOWN OF DEATH Lisbury	Peninsula Gener	al Hospital	120 USUAL OCCUPAT (TYPE. OF WORK FOR MOST C	FWORKING LIFE) 126 KIND OF BUSINESS (INDUSTRY					
35 po		STATE ALL STATE	ROTHER INSTITUTION CIVE RESIDENCE BEFO	13d. INSIDE CITY LIMITS?  YES NO D  15. MOTHER'S MAIDEN NA	13e STREET ADDRESS	ZIP CODE ZIFIZ					
and complete by the state of th	) 16a '	VAS DECEASED EVER IN U.S. AF	MIDDLE USSHUR  RMED FORCES? 166 SOCIAL SEC  VE WAR OR DATES) 189-24		EIR ADDR	Bounds LAST					
physician physician mesed.		PART I. DEATH WAS CAUSE	nly one couse per line (quo), (b), o	nd ic		APPROXIMATE INTERVAL BETWEEN OMSET AND DEA					
quires that the death or ugated by the attends here please remove can to burnal, crementan, or njury, or atther trauman	NO	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT	-1 . Dr Oan		MINAL DISEASE OR CON	IDITION GIVEN IN PART 1:0					
The low siction. Ste hos been as the permit sygnene priori	CERTIFICATION	190 DATE OF OPERATION	Garrene Charles		200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO					
OF PHYSICIAN: The loo oftending physicion. Iter this certificate has I is the buriol-transit perr ond Mental Hygiene p cked or Item 18 shows a	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICALEXAMINE 214 INJURY OCCURRED WHILE NOTIFY HILE AT WORK	HOUN A.M. MONTH	19 211 LOCATION	CITY OR TO	JRY IN ITEM 18 PART I OR PART 2)  OWN COUNTY STAT					
ok ATTENDIN : hospitol or JIRECTOR: Af- hed for use o lept. of Health them 21 is mo			ot) view the body after death	CA:	MEDICAL STA	ate and hour and from the couses stated  220 DATE SIGNED  FF CIAN   200 DATE SIGNED					
shoot 10 mp. W. H. M.	23a	BURIAL, CREMATION REMOVAL	SCHAEFER MD 123h DATE 23c	NAME OF CEMETERY OR CREMATORY ACCENT FLIGHTSHIP CO	23d. LOCATION CHYOR TOWN	SALISBURY MD 218					
DHMH - 16 60M 7/B4 (VRA 15, 4)	2	. FOOKS FUNERAL WEST RD. & BOO SALISBURY, MD	HOME AOORESS	OLE WILLIAM ON A CO		25b. REGISTRAR'S SIGNATURE					

Holloway Funeral Home, P.A., Salisbury, Maryland FEB

1998 Fillerburdson Handall

DHMH - 16 60M 7/84

(VRA 15, 4)

will. LIVE TON Y ASSESSMENT I would be the white . 12 246 where the military is The same of the CONTRACTOR STATE 34-1 Control of " 

052069	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6	06	389
nay be page 3	(TYPE	CEASED NAME FIRST	LAROLD	Rickando	20. DATE OF DEATH		YEAR 26. HOUR 1800 M DER 1 YEAR OF UNDER 24 HRS
oge 4 mc	3. SE	MALE	4. RACE  UNITE  16. CITIZEN OF WHAT COUNTR	S. DATE OF BIRTH MONTH DAY JANZO, 1916	9 BALTIMORE CITY OF	YRS.	S DAYS HOURS MIN.
death. P		IRTHPLACE (STATE OR FOREIGN COUNTRY) ITY OR TOWN OF DEATH	U.5.A	MARRIED MEVER MARRIED DIVORCED DIVORCED SING HOME OR OTHER INSTITUTION	Wicomi	.co	MD.
1201 Tours offer in by the e filed will	Sa	Lisbury	Peninsula G	eneral Hospital	(TYPE OF WORK FOR MOST OF	WORKING LIFE IN	SOUSTRY RET.
N 7 7 7	130.3	PRY/PRA 136 COUT			130. SIREET ADDRESS	VENA	Vista Ave
E, MARYLAND uted within 24 completely filled l and 2 should		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	ARds MARG	ACET ADDRE	Mir	chou
BALTIMORE, CONTINUES,		YES, NO OR UNIXOWN (IF YES, GIV	VE WAR OR DATES) 214-10.	6767 CATHERIN	e L. Rick,	opds -	SAME AS 13C
1 1 2 2 3		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), ED BY: TE CAUSE (a)	ond legren			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death cares by the affending please remove correction, ar ren viol, cremation, ar ren vior ather tradmatic ev.		Conditions, if any, which gave rise to immediate cause io), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF A	DUENCE OF			
RECORDS, I law require	CERTIFICATION	PART 2. OTHER SIGNIFICANT (		O DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The offereding physicion of the this certificate has the buriol-transit in and Mental Hygier th and Mental Hygier and or them 18 show	MEDICAL CER	2 to. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	DR PART 2)
DIVISION NG PHY Offer this as the bu th and M orked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		CITY OR TOV	vn c	COUNTY STATE
ATTENDI Sspriol or CCTOR: A d for use t. of Heal		saw the deceased alive an above (1) (we) (did (did no	ital) ottended the deceased from 2/12 19 1) view the body after death.	86, and that in (Pry) (aur) apinion	n death accurred on the da		
by the hor by the betached and the hor by th		III SIGNATURE	Lay		DIRECTOR PHYSIC	F	221. DATE SIGNED
TO HOSPITAL efounded by 11 TO FuneRal should be detained by the State with the State		C. R. L	AyTon	220. ADOYESS VOHMC		SALISIS	my Med
BP	23a	BURIAL, CREMATION, REMOVAL	23h DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	cou	STATE STATE
DHMH - 16 50M 4/82	24! F	UNERAL DIRECTOR	Looke Sy Jodges	md FEI	1 18 198		SICH HALL

ne state of the board of and the second of the second o and the second of the second o The secret Configure is a supplicated as a secretary The same of the sa A CONTRACT OF THE PARTY OF THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Court and a later of CUILING PURCHES THE TO STATE OF STATE OF STATE The same the same of the same THE RESIDENCE OF THE PARTY OF THE PARTY. the control of the second of t 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 055219 REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-Charles DEATH MATED Schoolfield 0628 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR 2c DATE 2d HOUR YEAR LAST BIRTHDAY DAYS PRONOUNCED DEAD Male Black 1986 0628 BIRTHPLACE (STATE 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico WIDOWED [ DIVORCED CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS AOST OF WORKING LIFET Peninsula General Salisbury Hospital 13d INSIDE CITY LIMITS? 13e STREET ADDRES YES [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME noson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOTOR UNKNOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Trauma hours IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 2-7-86 Trauma YES NO X 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING GOR 002@m. auto struck by truck CONTRIBUTING CAUSE OF DEATH 114 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) street Rt113/ Jarvis Rd. Showell, Worcester, Md. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYIAND, 7 Inspection Inquiry X 22a I certify that I took charge of the remains described above, held an Autopsy Accident X deoth resulted from: Notural couses Suicide Homicide Undetermined monner TITLE (SPECIFY) DATE 2-7-86 Deputy MEDICAL EXAMINER EXAMINER'S NAME John T Salisbury. (TYPE OR PRINT) \_\_\_ADDRESS\_ 07/84 2584 **DHWH - 17 IVR A15 ME (5)** 

Value of the second sec the state of the s All March Standard Standards and Signat - Some love 189 7 Signat Com-.blf.ecstasseco., Covoni, L. Ivent (Cristine Daves - D the state of the s 그리고 그리고 그리고 있는 그리고 있는 그리고 있는 그리고 그리고 그리고 그리고 있다. The formula of the state of the DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

STATE OF MARYLAND

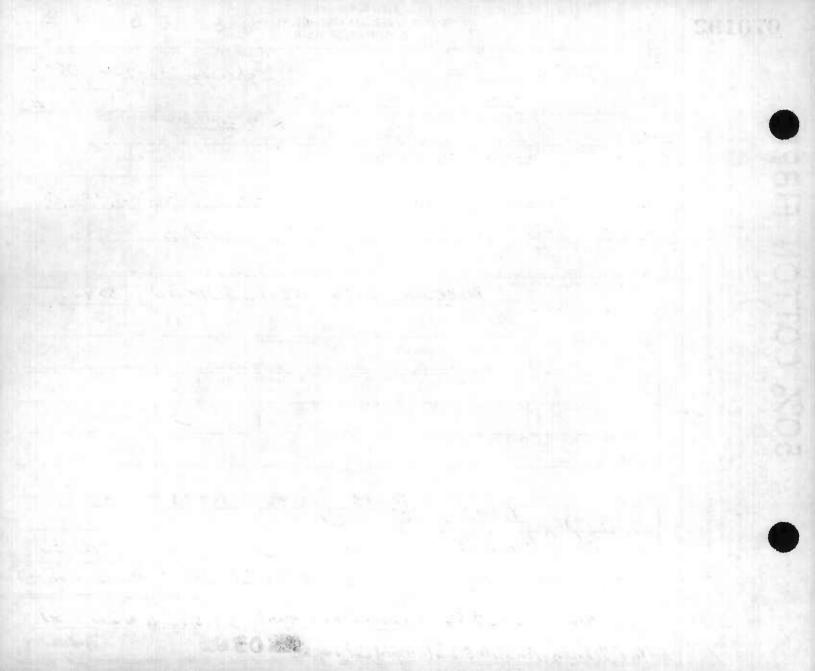
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	I. DECEASED NAME	FIRST		WIDDLE	1	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE OR PRINT)	Dougla	S	Lee	Sch	colfiel	.d	Februsen	23,	1986	0505 AM
	3. SEX		4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST E	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS.
	Male		Black		Feb	23	86		YRS.	MONTHS DATS	HOURS MIN.
1	70. BIRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		TSS.	9 BALTIMORE CITY WICOMICO	OR COUNT	Y OF DEATH	
9	Maryland				WIDOWE	D NEVERA	ORCED	MICCHILCO			445
	IN CITY OR TOWN OF Salisbury	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INST		120 USUAL OCCUPA	TION	12b. KIND C	MD.  OF BUSINESS OR
	Salisbury	1	Penins	ula Genera	Adres HO:	spital	77	(TYPE OF WORK FOR MOST	OF WORKING		
19	USUAL RESIDENCE (IF	NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE C	ITV I IAA ITS2	13e.STREET ADDRESS	7 7 IP COL	E 21	201
)	Md.		mico	Salisbur		YES X	NO 🗍	201 Bonne			pt. 6
	14. FATHER'S NAME	1200					MAIDEN NAM	AE	VIII	HVC., F.	DC. 0
	Kenneth	т	MIDDLE	Schoolfie.	1.7		heilah	MIDDLE		rath d	
	160 WAS DECEASED E			16b. SOCIAL SECUE		17 INFORMA		Beatr	RESS.	Whi	te
	LYES NO OR UNKNOWN		E WAR OR DATES)	TW. SOCIAL SECON	KIII IVO.	II II OKMA					
	18 CAUSE OF D	EATH (Enter or	ly one couse per	line for (a), (b), and	l Icill	2	- 10 /	14. 16.50	- 1	BETWEEN	MATE INTERVAL ONSET AND DEATH
	PARTI. DEAT	IMMEDIA		PREMATURE	E	SICTH	184	KS. BESTA.	1/0/1	30 M	in .
	The state of the		DUE TO O	R AS A CONSEQUE	NCE OF				DIA	7	
5	Conditions, if	onv. which	1	K AS A CONSEQUE	NCE OF						
	gove rise to	immediate	) (b)_						-		
	underlying co		DUE TO, O	R AS A CONSEQUE	NCE OF						
-	,		(c)								
	Z PART 2 OTHER :	SIGNIFICANI	ONDITIONS	ON I KIBUTING TO D	EAIH BUI	NOI RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1:	0
-	190 DATE OF OPI	PATION	10h COND	ITION FOR WHICH	OBERATIO	NI WAS DEDICO	D44.F.D.	20a AUTOPSY2	1201 15 17	ES. WERE FINDIR	1001100
2	E IM DAIL OF OFF	LKATION	I'M COND	IIION TOR WITHER	OFERATIO	IN WAS PERFO	KWED			IFYING CAUSES	
100	<u> </u>		2 20 20 20			Total and the same of the same		YES NO	_	res 🗌	NO 🗌
1			110110	.M. MONTH DA	Y YEAR	ZIE HOW IN.	JURY OCCURR	ED (ENTER NATURE OF IN.	JURY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OCC			Μ.	19		Att.				
	21d. INJURY OCC	URRED		OF INJURY REET, FACTORY OFFICE, FA	Die EIC	211. LOCATIO	N	CITY OR 1	OWN	COUNTY	STATE
	AND THE MICH	T WHILE WORK	(Al NOME 311	REEL, PACTORY OFFICE, PA	ARM, ETC. J						317.10
	220.1 certify tho	t (1) (this hospi	tal) attended th	ne_deceased from	PEB	25	19 86	10 PEB. 2	-3	10 86	that (I) (we) fast
-	90/00/94		PEB I view the body	7 7	8C, or	nd that ip (my)	(our) opinion d	leath accurred on the	date and ha	ui and from the	couses stated
	72b. SIGN	or idiations	i view the body	ofter death		DEGREE				22c DATE	
	8	Must	Harle	Ch		111) A	TTENDING	MEDICAL ST	AFF	7/2	7/86
,	22d. PHYSIGUAN"	100	7)	10		P	HYSICIAN -	DIRECTOR   PHYS	ICIAN [	17-	3/00
Н	110. PHYSIGAN	NAME (TYPE C	EJA	11)		27e ADDRESS	The Had	lical Cent	1. 1	Princer	Smar MID
	JUNA	PARC	- 67	(1)		Someon	Willa	icac com	4. 1	"WILLEST"	riane (1)
	230 BURIAL, CREMATIC	ON, REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR C	REMATORY	23d LOCATION			
	Crema	tion	12-2	7-86 Pc	ninsal	o Genera	1 Hoph	1 Sales ba	v11 (11	1 Cd unico	Md.
	24 FUNERAL DIRECTO	R						REC.D. BY REGISTRA			
	FLU PTA	hacen	Pennal	6 concret 1+	430: hal	. Sal. Lucy	A STATE OF	031505	1 3	- 3	milette #
-	20.1011.00		, 5711713810	3 09 000 1 //	7	10011001	,				- 5

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior tab MPORTANT: If Item 21 is marked ar Item 18 shaws



3-8-86

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YRS

2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

STATE

IN CERTIFYING CAUSES OF DEATH?

23c NAME OF CEMETERY OR CREMATORY Trinity Potomoke -Worcester Md". 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Accomack, Va. 23301 MAR Julia Davidson Gandelle

DHMH - 16 60M 7/84

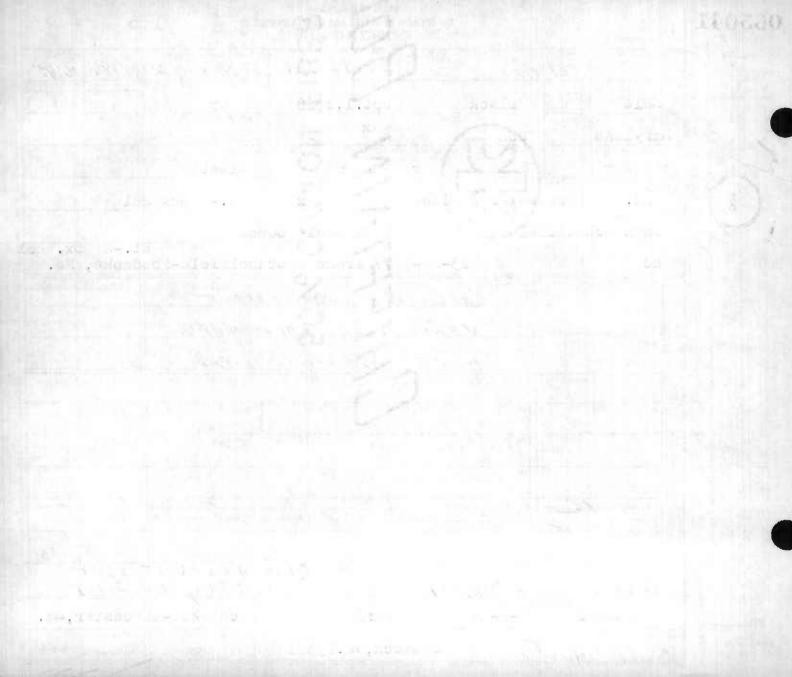
(VRA 15, 4)

065041

- STATE

REGISTRAR

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial



OR ATTENDING PHYSICIAN: The low regulfes that the death certificate be executed within 24 hours e hospital or ottending physician.  DIRECTOR, After this certificate has been signed by the attending physician and amplitude in by taked for use as the burial-transit permit. Then please femore carbonappers. Page  Dept of Health and Mental Hygiene prior to burial-actemation, or removal.  If them 21 is marked or Health Shows any injury, or other traumatic event, the wedice		195		STA	TE OF MARYLAN	ID				
	1.	FOR STATE REGISTRAR		DEPARTMENT OF CERT	FICATE OF DE		ENE O REG. NO	0 6	3	9 4
			MIDDLE		LAST		20 DATE OF DEATH		YEAR	26 HOUR
pe 3	(TYPE		Henry	5	HOCKLEY	/	FEBRU	ARY 13,	1986	11401
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be refuired by the hospital or otherding physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding physician and certified in by the funeral director, page 3 should be detached for use as the bund-transit permit. Then please femove carbon papers. Page with the State Dept of Health and Mental Hygiene prior to bund or removal.  MPORTANT; if hem 21 is marked or item 18 shows any injury, or other traumont event, the predict of the marked or item 18 shows any injury, or other traumont event, the predict of the marked or item 18 shows any injury.	3 SE		4 RACE	5. DATE	OF BIRTH		6 AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
	/	Male	Caucasian			908	77	YRS	THS DATS	HOURS MIN.
	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNITRY2 8	EDX NEVER MA		9 BALTIMORE CITY O		DEATH	
172 0/2		Maryland	U.S.A.	WIDO		DRCED	Wicomico			M
d with			Peninsulativ			UTION	farmer/pc		126. KIND O	F BUSINESS OF
e file	1	-			-			2	9	
app Toh							13e STREET ADDRESS			
To Find the hospital of the policy of the po		cester Ber	Tin	YES NOTHER'S A	MA IDEN NAM	P.O. Box	61/2	TRII		
	FIRST	WIDDLE	LAST	FIR	RST	MIDDLE		LAS	7	
7000				ockley	Emma 17 INFORMAN	T	ADDRE	SS	But	ler
TO FUNERAL DIRECTOR  BP BD	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)								
	NC				a John	F. Sh	ockley, S	howel	1, MI	
nt, t		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one couse per line for () ED BY	oi, (b) and ic	V.20	4	-		BETWEEN	IMATE INTERVAL ONSET AND DEATH
eve			TE CAUSE (o)	(25	C15C/	Trre.	0			
cort, or		Carried Attention	DUE TO, OR AS A C	ONSEQUENCEOF		2/.	7 6 11		100	
otion		Conditions, if ony, which	(b)	(0)	ges414	1221	-1 taly			
her t		couse (o), stoting the	DUE TO, OR AS A C	ONSEQUENCE	do	7.0	76			
0 5			(c)		210101	20	1 9			
bour ony.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BE	IT NOT RELATED TO	O THE JERMI	NAL DISEASE OF ON	DITION GIVEN	IN PART In	0
4 5 T	9		Tier constitution					Tool IEVES V	EDE EN IDA	104
P son	FICA	190 DATE OF OPERATION	19b. CONDITION FO	IR WHICH OPERAT	ON WAS PERFORM	MED	200 AUTO	10 CERTIFYIN	IG CAUSES	OF DEATH?
how	RT				Tax manning		YES NO	YES [		NO 🗆
T W		OR CONTRIBUTING CAUSE OF DE		NTH DAY YEA	R ZIC HOW INJU	JRY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM IS PART	OR PART 2)	
Te ent	CA	(IF EITHER NOTIFY MEDICAL EXAMINE		15					Alpho	200
No S	AED	21d. INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION	1	CITY OR TO	WN	COUNTY	STATE
hor	-				1	0.			0.	
eolt s mo		220.1 certify that (1) (this hosp	ital) attended the decease	ed from	118	19 (	to	19.	0 4.	that (It (we) la
of H 21 i		sow the deceased alive or above, (1) (we) (did) (did)	the hadvetter dec	19_16.	and that in (my) (a	our) opinion d	eath occurred on the de	ote and hour or	nd from the	couses stated
ept fem			111		DEGREE				22c DATE	SIGNED
te D		CAC /	///		ATT	TENDING HYSICIAN	MEDICAL STAI	F IAN [	2/	13/86
AN Sto		THE PHYSICANUS NAME IN C	Se Penals		22e ADDRES	NOICH L	1		1 - / /	,0 ,0 0
h the		TLIRG	SEESTO		1 ( }	6	1			
3 8	23o 1	BUDDAL CREMATION PENOVAL	31.1	234 NAME OF	CEMETERY OR CRI	EMATORY	1230 HOCATION			
		(SPECIFY)	2/16/86				CITY OR TOWN	Mora	OUNTY	MD STATE
	-					250 DATE	y Berlin	25h. REGISTRAI	ester	LINE
				liams S	treet	FER A	REC'D. BY REGISTRAR	a Davidson	~- Hand	الله الله

050-40	,	FOR STATE			DEP		TE OF MARY HEALTH ANI	LAND D MENTAL HY	GIENE,		0 6	3 9	3 5
058019	1	REGISTRAR					IFICATE OF	DEATH	0 0	REG. NO.	0 0		
200		OR PRINT)	FIRST		MIDDLE		nockley	1.1	20 DATE OF	DEATH M	ONTH DAY		26. HOUR
9 % P	-		eila		hel		OCKLE	-9	1.05		2 22		1259 %
ge 4 mc	3. SE	Female	1	4. RACE White		^o	OF BIRTH	1900	6. AGE (IN YE		YRS	NDER I YEAR	HOURS MIN.
2 hou	(	RTHPLACE (STATE OR F		76 CITIZEN OF		TRY? 8 MARI	IED NEVEL	R MARRIED			COUNTY OF	DEATH	
deat hin 7		rsonsburg, A			.S.A.	WIDO		DIVORCED [	Wicom				MD.
by the	Sal	isbury		Peninsu	ila Gen	street address)	spital	ISTITUTION		FOR MOST OF V		INDUSTRY	BUSINESS OR
AND 21:	130 S M	at residence (IF NURSI TATE aryland	136 COUN Wico	other institution TY omico		TOWN	13d. INSIDE	CITY LIMITS?	13e STREET A	DDRESS /	ZIP CODE O. Bo	× 387	21849
MARYLumpletely pand 2 sk	D FA	THER'S NAME Georg	e ^	WIDDIE	Perdi	ue	Mi	R'S MAIDEN N.		MIDDLE	F	arker	
IMORE, oe execut n and ca		VAS DECEASED EVER	IN U.S. ARA	MED FORCES? E WAR OR DATES)		SECURITY NO. 44-1305	Route	AANT Linw e #6 Bo	ood Shoo	ckîey alisbu	(Son) ry, Mar	yland	21801
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the display physician.  The low requires that death of the other displays on and completely filled in boas the bural-transit permit. Then please remove can accepters. Pages 1 and 2 should be fill the and Mental Hygene prior to burral, cremation, ar removal.  The and Mental B shows any injury, ar other traumatic event, the medical scanner must be an acceptance.	NO	Conditions, if ony, gove rise to imm couse iol, stotin underlying couse	which nediate g the lost	DUE TO, C	OR AS A COMS	SEQUENCE OF	DI NOT RELATI	ED TO THE TER	Ameli	OR CONDI	ITION GIVEN		MAYE INTERVAL NSET AND DEATH
AL RECOR	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR W	HICH OPERAT	ON WAS PERI	FORMED	20a AUTO		20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
A OF VITA  SICIAN: The physics certificate and thousand them 18 sh		216. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	CAUSE OF DEA			DAY YEA	R		RED (ENTERNATI	URE OF INJURY	IN ITEM 18 PART	OR PART 2)	
NVISION  Offer this free this as the but it and M strked or	MEDICAL	21d INJURY OCCURR  WHILE NOT WH AT WORK AT WOR			OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCA STRI	TION EET 1		on or som		court at	STATE
ATTENDIA Spriol or CTOR: A CTOR: A Media 121 is mo		226.1 certify that (1) sow the decease above, (1) (we)			where death	19 8 G	and that in (m	19 De Opinion	death occurred	on the dots	e and hour an		
At OR / the ho At DIRE detoched ate Dept		226 SIGNATURE	1	Av	生		DEGREE		MEDICAL DIRECTOR [	STAFF PHYSICIA	7H 🗆	27c. DATE S 2/22	2/1986
TO HOSPIT, TO FUNER, should be d with the Sto		Roger					100		Street, S	Salisbu	гу, Ма	ryland	21801
BP		URIAL, CREMATION, SPECIFY) Burial	REMOVAL		5/1986			R CREMATORY Cemeter	y Parso	nsburg	y, Wico	mico,	Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)		olloway Fu	neral	Home, I	P.A., ADD	alisbur	, Mary		TE REC D. BY RE		b. REGISTRAR		

051203 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAL O REG. NO DECEASED NAME 20 DATE KNOWN LYFE CKREWTS ESTI-DEATH MATED Clement Smilev 1986 6. AGE IN YEARS IF UNDER 1 YR. DATE OF BIRTH HE UNDER 24 HRS 2c. DATE PRONOLINCED DEAD 62 YRS Black 1986 0159 BUITHPLACE ISTATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DUMBIN WIDOWED [ DIVORCED Wicomico CITY OR TOWN OF BEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Salisbury Peninsula General Hospital STE 13d INSIDE CITY LIMITS? 13e. STREE COUNTY YES [ 15 MOTHER'S MAIDEN NAME 166 SOCIAL SECURITY NO. ARMED FORCES? (YES, NO, OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 16 Chronic Obstructive Pulmonary Disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X Inquiry X 22a. I certify that I took charge at the remains described above, held an Autopsy and in my opinian Natural causes Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY ACTUAL 2-7-86 Deputy SIGNATURE EXAMINER'S NAME John T Salisbury Maryland TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE AL 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR (VR A15 ME (5))

STATE OF MARYLAND

21.66/ HERE APPLIED AND AND ADDRESS OF A STORY OF A A THE LINE WAS A SHOP IN THE STATE OF THE ST 

PRESTON ST., BALTIMORE

## FOR STATE REGISTRAR

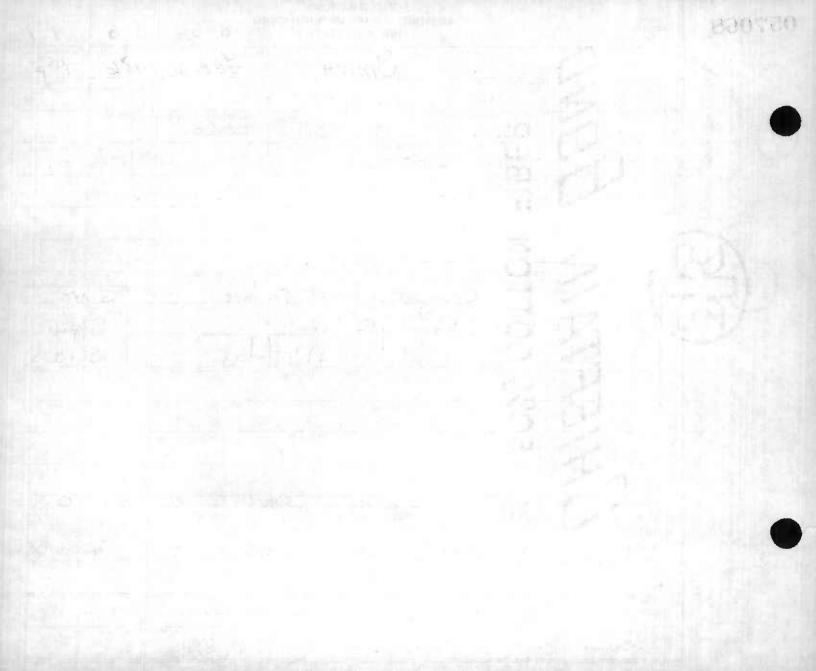
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

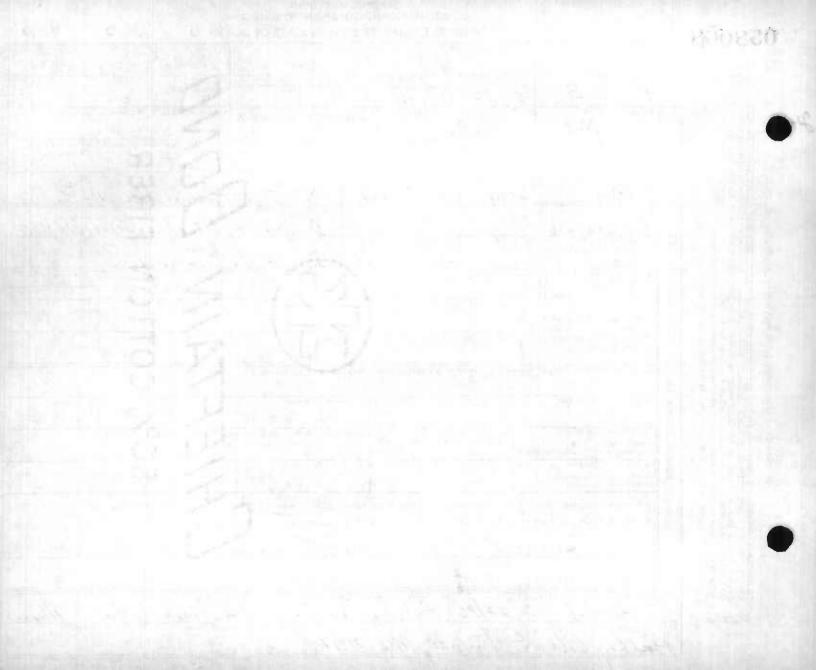
	8	REG.	NO.	0	6	-
E	OF	DEATH	AACONITM.	DAY	VEAD	

				KEG. P	10.	7		
E OR PRINT)	MIDDLE	C,	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
Marvi	in R.		MITH	JEB O	20,19	86	200	PA
1 SEX	4. RACE	5. DATE C	DE BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY)	ONTHS DATE	IF UNDER 2	HRS
Male	White	Dec.	23, DAY 1917 YEAR	68	YRS.			
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
Maryland	U. S. A.	WIDOWE		Wicomico				M
CITY OR TOWN OF DEATH	Peninsula G			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Area Mecha	TION OF WORKING LIFE) Anic	126, KIND O INDUSTRY DuPon	t Co.	SOR
STATE 13b COU		OR TOWN	13d INSIDE CITY LIMITS? YES NO	712 E. Sta	/ ZIP CODE	21875		
FATHER'S NAME Harold Lee Smitl	MIDDLE I	LAST	Mary Ellen Cu			tAS	1	
60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDR	RESS	7403		31
No To	222-	01-9850	Betty C. Smit	th Same a	as abov	e		
8 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	ED BY	no estila	Hast E	ilure.		-	MATE INTERV	AL
Conditions, if any, which gave rise to immediate cause 10), stating the underlying cause last	DUE TO, OR AS A CO	Diabet	es Mell	Hus		1.0	gear	V=
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CO	ndition give	N IN PART 110	)	
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		
OR COLUMN TO THE CALLET OF SE	EATH HOUR A.M. MON	ITH DAY YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	RT   OR PART 2)		
OR CONTRIBUTING TO ADJUST OF THE THE NOTIFY MEDICAL EXAMINE THE THE NOTIFY MEDICAL EXAMINE THE NOTIFY THE THE THE NOTIFY THE NOTIF	?1e PLACE OF INJURY (AT HOME STREET, FACTORY		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STA	ATE
	-33A	19 86 or	nd that in (my) (aur) apinion d	eath accurred on the c	dote and hour	ond from the	that (we	e) la led
776. SIGNATURE	Merrie		DEGREE  ATTENDING PHYSICIAN D	MEDICAL STA	AFF CIAN [	220. DATE	SIGNED	8
220. PHYSIC MANS NAME (TYPE	OR PRINT)		77e ADDRESS					
30. BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 2-23-1986		emetery or CREMATORY phens Cemetery	y Deligar St	ussex D	e Tawar	e sta	ATE
4. FUNERAL DIRECTOR Marvel-Short Fun	eral Home Dê	DDRESS 1mar, De.	19940 FE	B 2 4 1986		AR'S SIGNATI		6

DHMH - 16 60M 7/84 (VRA 15, 4)



		I	tems 18-	-22a 3/2:		F#613	STAT		ARYLAND AND MENTA	HYGIEN	JE .				
	058068	1 -	STATE REGISTRAR						ERTIFICATE		6.5	REG. NO	0 6	3 9	8
		1. DE	CEASED NAME	FIRST		MIDDLE			AST		20 DATE K			DAY YEAR	26 HOUR
	ASE JRS .: ET,			Donna		J.			erling		DEATH	MATED [	2-1	9 1986	M
	SSARY, PLEASE AL DIRECTOR. A YOUR FILES. IN IN IN JUNE STON STREET,	3 SE)	F	RACE	5. DATE OF BIRTH	YEAR 69	6. AGE (IN YEA LAST BIRTHDA	HINOM (Y)	DER 1 YR. IF UNI		PRONOUNG DEAD	CED	2-1	9 <sub>19</sub> 86	12:12 a. M
2	AND WAS A	7a. BI	RTHPLACE (STAT REIGN COUNTRY)	Md.	76. CITIZEN OF WH	AT COUN	TRY?	MARRIE WIDOWI	ED NEVER MA	ARRIED 🔼		nico (	_	Y OF DEATH	MD.
	PAGE FILED		ortown of Salisbur		TI. NAME OF HOS (IF NOT IN SUCH FACE Peninsu]	ILITY, GIVE S	REET ADDRESS)				MOST OF WORK	ATION (TYP	E OF WORK	126 KIND OF B OR INDUS	USINESS TRY
	ANN DEL	USU / 13a. S	TATE Md.	13b. COUNT	OTHER INSTITUTION, GIV	THE RESIDENCE		)N}	13d. INSIDE CITY LIMIT YES NO	- 1	SEET ADDRESS	sersl	POUE	Apts	1817
	EATH FEEL 2.	14. F/	ONK!	10 wn	MIDDLE		LAST		Donn	AIDEN NAMI	STE	oole /ng	Cris	s FIELD	wid.
	ALTIMO	16a V {Y		VER IN U.S. ARM	NED FORCES? VAR OR DATES		IAL SECURITY		Donni	4 E.	STE	ADDRESS	9		
	W ST. 8		18 CAUSE OF I PART I DEAT	TH WAS CAUSED	y ane cause per line BY: E CAUSE (a)	far (a), (b)	, and (c).) Asthma							BETWEEN ONS	TE INTERVAL ET AND DEATH
	VIEHIN 2 MOIL IN 1 MOR ARE SANSIT RALH 1 S REMON		gave rise	it any, which to immediate	(b)		SEQUENCE (	M.			45				
	CUTED WILLIAM FINE TRANSPORT TRANSPO		lying cause		(c)		SEQUENCE (		119			1			
	**CUTAL RECORDS, 201 SHOULD BE EXECUTE WORD "PENDING" IN F. CHIEF MEDICAL EXA BE USED AS A BURIAL NT OF HEALTH AND MI BURIAL, CREMATION	NOI			ONTRIRUTING TO DEATH I					N PART 1 (g)			, 3		
	SHOULD ORD "PICTURE I LEED IN TOF HE	CERTIFICATION	19a. DATE OF O				WHICH OPER		AS PERFORMED?		H	13	all		(?
	STATE OF STA			OR CAUSE OF D		MONTH	19		W INJURY OCCU	RRED LENTER	NATURE OF INJU	IRY IN ITEM 18	PART I OR PA	RT 2)	
	DIVISION  BR: THIS CERTIFING TO ORWARDED TO ORWARDED TO ORWARDED TO ORE. STATE OF PARONO, 21201 PRIOR	MEDICAL	21d INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	21e PLACE C STREET, FACT			21f LOC	ATION REET		CITY OR TOW	N	COL	UNTY	STATE
	三日 日本名		220 I certify death resulted		af the remains designal causes	phen pho		Autaps	y XX. Inspe	-	Inquiry termined mar		id in my op	pinian	
	AL EXAL THE CERT HOULD INTH, WITH, WITH, WITH,		ACTUAL SIGNATURE	lem	reid X	In	454	My	Assista	mt	DICAL EXAMI	NER	DATE	2-19	-86
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNEXAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	1	EXAMINER'S NA (TYPE OR PRINT	)	ls F. Smy				RDDRESS		St., 1	Balto	., Md	1. 2120	)1
	07/84 BP 62	(5	JNERAL DIRECTO	ON, REMOVAL 23	2/22/8	6 13c. N	Sbur	10	CREMATORY METAY 4	1 4	OCATION ORTOWN AWSOM Y REGISTRAR		Son	IGNATURE	74.
	DHMH - 17 (VR A1S ME (S))	#	Inthony	Cillo	re Crus	luli	mi	218	77	EB 2	1000	ZJU KEG	STRAK 3 3	IGNATURE	4



DEPARTMENT OF HEALTH AND MENTIAL HYGINE  SECTIFICATE OF DEATH  SECTION  SECTION					STATE OF MARYLAND		
TO ECCESSED NAME    THE CORRESPONDANCE   THIS   THE CORRESPONDANCE   THE	DATATO	1		DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE O Z	0 / 7 0 0
DECRASED NAME  19 JOAN OF DEATH  THE COPPENITY  19 SEX  19 JOAN OF DEATH  THE COPPENITY  19 SEX  19 JOAN OF DEATH  THE COPPENITY  19 SEX  19 JOAN OF DEATH  THE COPPENITY  THE COPPENITY  THE SEX OF DEATH  THE COPPENITY  THE COPPENITY  THE COPPENITY  THE SEX OF DEATH  THE COPPENITY  THE COPPE	049198	'			CERTIFICATE OF DEATH	REG. NO	000044
THE BRITHER ACE   1.2 ALD COUNTRY   1.5 CM   1.5	4			MIDDLE	LAST		ONTH DAY YEAR 76. HOUR 1
The BIRTHPLACE (1514) CRITICAL ON THAT COUNTRY?  The BIRTHPLACE (1514) CRITICAL ON THAT CRITICAL ON THAT COUNTRY?  The BIRTHPLACE (1514) CRITICAL ON THAT COUNTRY?  The BIRTHPLACE (1514) CRITICAL ON THAT COUNTRY?  The BIRTHPLACE (1514) CRITICAL ON THAT COUNTRY?  The BIRTHPLACE (1514	o the	(TYPE		- /	Storling	3	5 86 12 4
The BIRTHPLACE (1514) CRITICAL ON THAT COUNTRY?  The BIRTHPLACE (1514) CRITICAL ON THAT CRITICAL ON THAT COUNTRY?  The BIRTHPLACE (1514) CRITICAL ON THAT COUNTRY?  The BIRTHPLACE (1514) CRITICAL ON THAT COUNTRY?  The BIRTHPLACE (1514) CRITICAL ON THAT COUNTRY?  The BIRTHPLACE (1514	pog pog	3. SE		1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
MARRIED   NORSEED   DOORSEED   DO	ge 4 i	1	M		FED 6 1905		YRS
B CITYOR TOWN OF BUSINESS OR IS CONTRIBUTION OF BUSINESS OR IS CONTRIBUTION OF BUSINESS OR INDUSTRY  B CITYOR TOWN OF PEATH  II. NAME OF HOUSE SIERLA DORGS)  III. NAME OF HOUSE SIERLA DORGS  III. NAME OF HOUSE	d 02 471			76. CITIZEN OF WHAT COUNTR	Y? MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
TOTAL RESIDENCE IF MUSICAL PROPERTY OF STREET ADDRESS / ZIP CODE   STATE   THOUSE IT MUSICAL PROPERTY   STATE   THOUSE IT MUSICAL PROPERTY   STATE   THOUSE IT MUSICAL PROPERTY   STATE   THOUSE   THOUSE IT MUSICAL PROPERTY   STATE   THOUSE   THOUSE IT MUSICAL PROPERTY   THOUSE	9 1/2/2		Ma,	UiS,		Wicor	nico MD.
TO SALE RESIDENCE TO MENTAL DESIDENCE TO MENTAL DATE OF THE PROPERTY OF THE THE PROPERTY OF TH	in a series	10 C	TY OR TOWN OF DEATH				
136 STATE   136 CONSIDE   137 CITY OR TOWN   136 MINDE CITY (MINTS)   136 STATE   136 CONSIDERATION   136 MINDE CITY (MINTS)   136 STATE   136 CONSIDERATION   136 MINDE CITY (MINTS)   136 STATE   136 CONSIDERATION   136 MINDE CITY (MINTS)   136 STATE   136 MINDE CITY (MINTS)   136 STATE   136 MINDE CITY (MINTS)   136 MINDE CITY (MINTS)   136 MINTS	filed a	3	alisbury	Wicomic	o Nursing Nom	& PhorE	Suntood
THE FATHER'S NAME  THE FATHER'S NAME  THE FATHER'S NAME  THE STAME  THE STATE OF THE STAME  THE ST	24 hou	13a	AL RESIDENCE THE NURSING HOME OF	134 CITY OR TO		1 /// O A 11.	ZIP CODE
THE CAUSE OF DEATH LETTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a)  TO THE CONTRIBUTION OF THE CONTRIBUTION O	of Section	ME	ATHER'S NAME	201110 1111111			re fill for the sale of
The contraction of the contrac		2	LEWIS E	MIDDLE STEEL	Ing Maggie		White
Security   Conditions   Foundation   Conditions   Condi	ond co			E WAR OR DATEST	. 0	4. Starling	Chritar PA
PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse 10st, stoling the underlying couse lost.  VAVI DEATH WAS CAUSED BY  IMMEDIATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse 10st, stoling the underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  P	D 0 %		11 CAUSE OF DEATH (Enter on			1 die ling	APPROXIMATE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost.  Conditions, if ony, which gove rise to immediate couse 103, storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR C	phys phys nove ent,		PART I. DEATH WAS CAUSE	D BY	mis Kend-	facture	S. I WELLONGE I AND DEATH
Conditions, if ony, which gove rise to immediate course lost.    Conditions   Condi	cert rborre		IMMEDIAI		V	1 . /	0
gove rise to immediate cause loss. Stating the underlying couse lost.    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CONTRIBUTION WAS PERFORMED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CONTRIBUTION WAS PERFORMED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CONTRIBUTION WAS PERFORMED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED   198 DATE OF OPERATION   198 CONDITION FOR WHICH OPERATION WAS PERFORMED   206 AUTOPSY? YES   NO   YES	on, ee of		Conditions if any which	DUE TO, OR AS A CONSEC	= shitmi	En hans	0 4-
Underlying cause lost.    Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part Lio   Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part Lio   Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part Lio   Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part Lio   Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part Lio   Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part Lio   Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part Lio   Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part Lio   Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part Lio   Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part Lio   Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or conditions dise	ne of de de motion ritro		gove rise to immediate	000000			· Action
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  210. AUTOPSY?	by the			DUE TO, OR AN A CONSEC	alsed As	HIN SEL	ores -
The policy of the property of	+ p 0 0 %		PART 2 OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	TION GIVEN IN PART 1 In
OR CONTRIBUTING   CAUSE OF DEATH   CAUSE		Z	TAME OTHER STOTEM CAN'T	OTTO CONTROL OF	<u>O DE ANI</u>	WIN THE DISERSE ON COLLD	
OR CONTRIBUTING   CAUSE OF DEATH   CAUSE		AT	198 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED
OR CONTRIBUTING   CAUSE OF DEATH   CAUSE		FF	Name of Street, or other Designation of the last of th			YES TO NOT	
OR CONTRIBUTING   CAUSE OF DEATH   DAT 16 AR   DAT 16	Sicion Si	1 2	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUP		
27. DATE SIGNED  27. DATE SIGNED  27. DATE SIGNED			_	THE STATE OF THE S			
27. DATE SIGNED  27. DATE SIGNED		20				CONTRACTOR OF STREET	
27. D T T T T T T T T T T T T T T T T T T	the the the	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E. FARM END	CITY ON TOW	SOUMIY STATE
sow the deceased alive an ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.  220. DATE SIGNED	o o o o o o o o o o o o o o o o o o o			tal) attended the deceased from	7/8/82 10	" C Alab	that (I) (we) last
276 SGM URE DEGREE 276. DATE SIGNED	OR OR		saw the deceased alive an	a live to	ond that in (my) (our) opinion	death occurred on the dat	
O 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AT AT Phosp REC.1			t) view the body after death.	DEGME		22c, DATE SIGNED
A A DO F	the the tach		1 mm	9614	ATTENDING	MEDICAL STAFF	1021
Title Physician's Name (Type Or Print) 22e ADDRESS	O HOSPITAL efoined by 1th TO FUNERAL should be detu	1	224 PHYSICIAN'S NAME (TYPE O	R PRINT)	* 22e ADDRESS	DIRECTOR ES PHISICI	1/0/0006
22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22e ADDRESS  22d. PHYSICIAN'S NAME (TYPE OR PRINT)	FUN old b						
230. BURIAL, CREMATION, REMOVAL 236 DATE, 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	Of Off	220	RIPIAL CREMATION DEMOVAL	123h DATE . 12:	NAME OF CEMETERY OF CREATERY	1234 LOCATION	
SPECIFY OF CHEMETON CHEMETON CHEMETON COUNTY STATE		234.	SPECIFY) REMOVAL	2/27/01	NATTO OF	CITY OR TOWN	SURITY MINTE
BP	BP	74 F	UNERAL PRECTOR	786			Sh REGISTRAP'S SIGNATURE
The state of the s	DHMH - 16 50M 4/B3	1	A DI- S	Mari CADDRES	well My. I	EB 1 3 1986	SE REGISTRAR'S SIGNATURE
DHMH - 10 50M 4/83	(VRA 15, 4)		Hallbay 6	dare cust	100 110, I	ED 19 1889	1 mine transferred

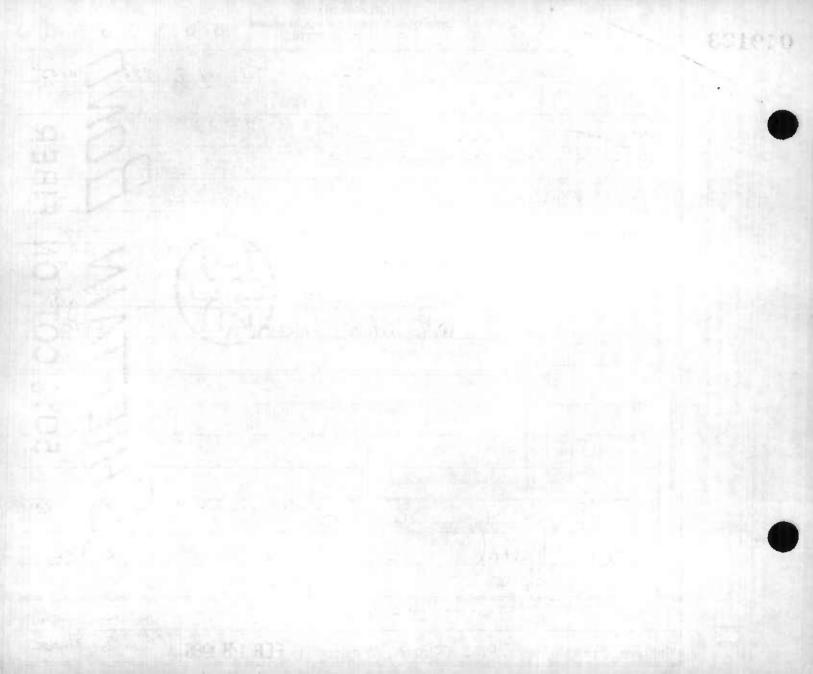
231710 State of the second of the second B 100 4 000 B Md. Cis. x Curromise C Sull-start Wiceman Reining stone Julie & sculent Med 2 Sours. From to To the sperthill summer I west From Stating Mappie 64 the Me Hererotte Gray Historing - Chester His Degenore Haved was being Perint States States States Timen Sin 1884

BP\_\_\_\_\_\_ DHMH - 16 60M 7/B4 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FED 1 7 1006 Julia Davidson Andere



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 6 REG. NO.

0 6 4

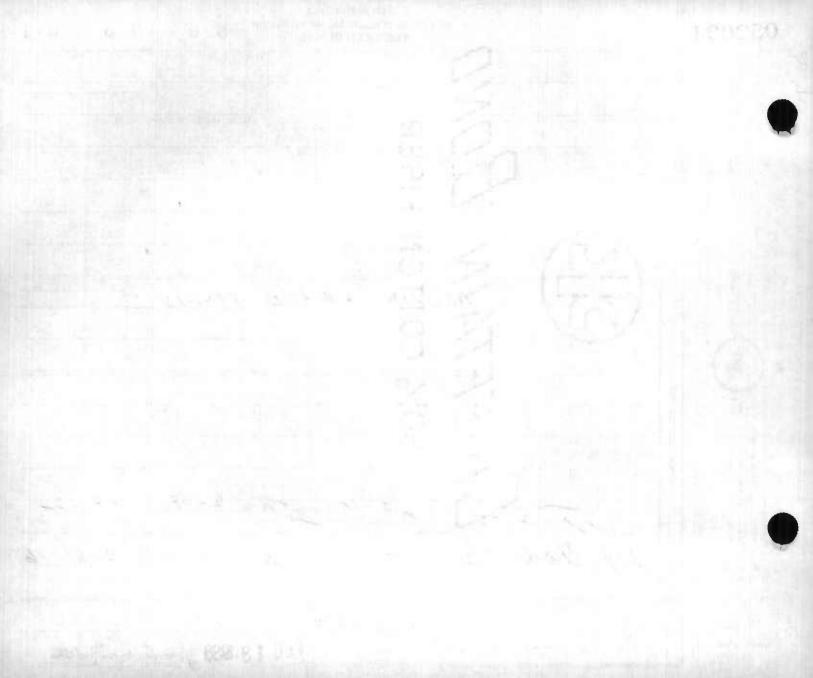
20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 2 9 1986 6:30 A M										
2 9 1986 6.30 4										
2 9 1986 6:30 A <sub>M</sub>										
FUNDER 1 YEAR (IN YEARS LAST BIRTHDAY)  FUNDER 1 YEAR  WONTHS DAYS HOURS MIN.										
1898 87 YRS										
ARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH										
ORCED   Wicomico MD.										
TUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR										
Adminstrative Asst. Ins Co Reti										
TY LIMITS? 13e STREET ADDRESS / ZIP CODE										
NO 401 Ethel's Way 21801										
MAIDEN NAME										
a Bailey										
NT ADDRESS										
clyn Taylor 401 Ethel's Way										
Saliabury, Maryland  APPROXIMATE INTERVAL  BETWEEN ONSET AND OF ATH										
RTIC STENOSIS										
TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
RMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED										
IN CERTIFYING CAUSES OF DEATH?										
TURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)										
N										
CITY OR TOWN COUNTY STATE										
27a   certify that (I) (the hospital) attended the deceased from 3 - 19 to 19										
opinion death accurred on the date and have and from the causes stated										
22c. DATE SIGNED										
TTENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN 2 2-11/ 86										
HTSICIAN DIRECTOR PHTSICIAN										
REMATORY 23d LOCATION CHYOR TOWN TCh Yard Quantico, Wicomico, Maryland										
S										

DHMH - 16 60M 7/84 (VRA 15, 4)

Baker & Bounds Salisbury, Maryland

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 18 1986 Alia Davidson-Rendale.



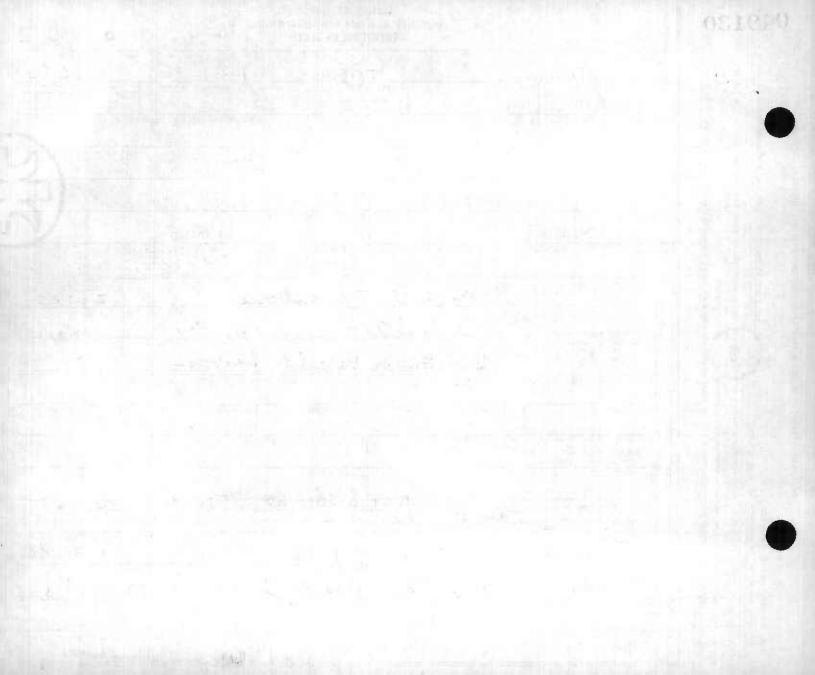
9130	1-	FOR STATE REGISTRAR	DEPARTM	NENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 6	0 6	402
poge 3	TYPE	CEASED NAME FIRST Ma	le		mas Nomas	1-31-8	б	26 HOUR 35/AM
rector. p	3. SE	Female	4 RACE White	S. DATE OF	10 1915	6 AGE (IN YEARS LAST BIRTI	YRS	DAYS HOURS MIN.
deoth P		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL, NURSIN	WIDOWED		9 BALTIMORE CITY OF WICON	AICO .	MD. KIND OF BUSINESS OR
The state of the s	SA	LISBURY  AL RESIDENCE (IF NURSING HOME OR	RIVERWALK M	IANOF		(TYPE OF WORK FOR MOST OF	WORKING LIFE! IND	USTRY
nin 24 ho	13a S	STATE 136 COUN	chester   Hurlock	N	13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE P.O. Box 816			4643
omplete ond 2	17	Unknown Unknown	MIDDLE LAST		15 MOTHER'S MAIDEN NAME  FIRST  Unknown			
on ond c		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) [IF YES GIV	MED FORCES? 166. SOCIAL SECUI E WAR OR DATES) 217-62-7	7847	Riverwalk Mar	ina A. Teat ( nor Nursing I	Social Wo Home, Sal	orker) lisbury, Md.
physicis an poper emovol.		PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and D BY: E CAUSE (a) COLLIN	al -	Thrombo	3is	8	2 WKS
d or h ce		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	al On	trios elec	osis and		years
		underlying cause last.	ONDITIONS CONTRIBUTING TO D	sive	Vasculor NOT RELATED TO THE TERM	Des Case INAL DISEASE OR COND	DITION GIVEN IN I	PART 1(a
ne law requirence.  has been supermit The ene prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
SICIAN- TI ag physicia certificate rital-transit ental Hygi	1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR	21c, HOW INJURY OCCURR		Y IN ITEM 18 PART I OR	PART 2)
ottendir otter this os the bu th and M	MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	44.	211 LOCATION STREET	CITY OR TOW	/N (OL	UNITY STATE
ATTENDI spitol or CTOR. A I for use of Heali		22a I certify that (\$\mathbb{E}\) (this haspi saw the deceased alive an above, (\$\mathbb{E}\) (we) (did) (did=0)	Jan 31 19 8	100 (01)	that in (🚁) (aur) opinion of	, to death occurred on the do	te and have and fr	that 🏞 (we) last am the causes stated
TAL OR , y the ho y the ho detoched detoched tote Dept Int Hern II then		27% SIGNATURE SUOWA	o C Hell	h /	EGREE  4 ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSICI	F	DATE SIGNED
etoined by to TO FUNERAL should be defauth the State WARDARANT:		THOMAS (	C. HILL JO	U 2,	Pine Bluff	Road, S	alisbux	ey. Md
± 6 ⊢ 0 > 2,		SURIAL, CREMATION, REMOVAL	23b DATE 23c N	AME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT	TY STATE

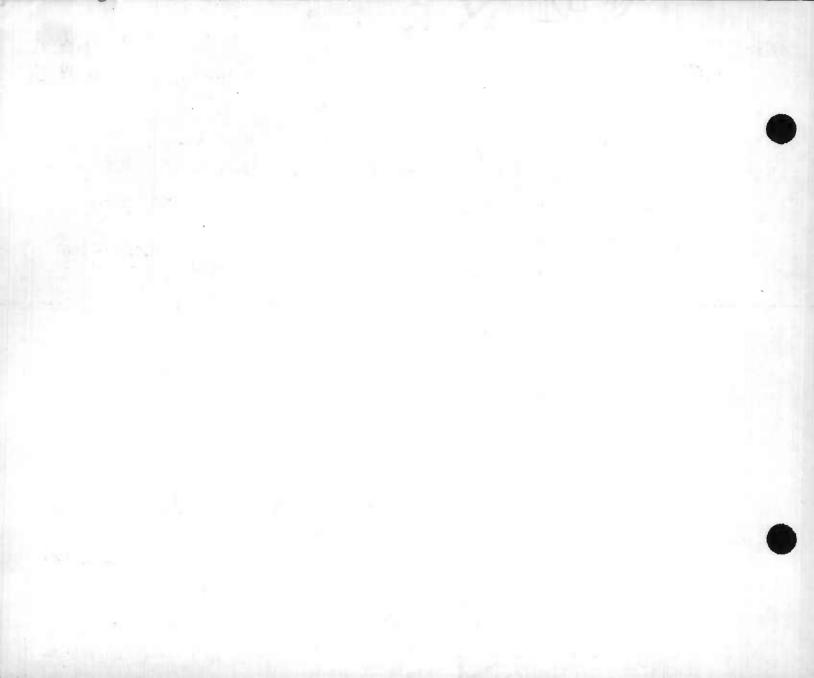
DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation 2/1/1986 Salisbury Cremator

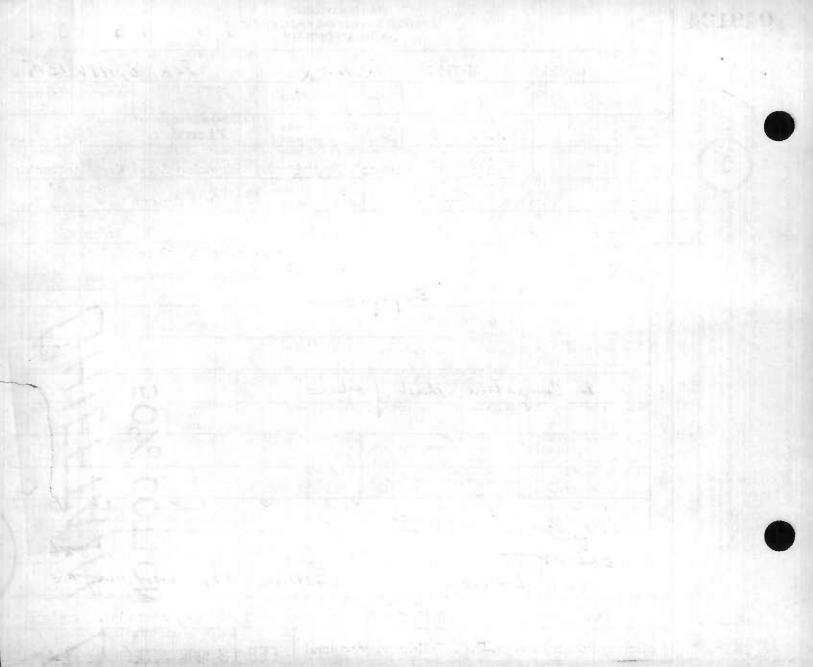
24 FUNERAL DIRECTOR
Holloway Funeral Home, P.A., Salisbury, Maryland

Salisbury Crematory | Salisbury, Wicomico, Maryland





19124	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	6 4 0 4	
11-2		CEASED NAME FIRST	ARTHUR	TRIBECK	20. DATE OF DEATH MONTH	1986 1315 M	
	3, SE	Male	White	5. DATE OF BIRTH 009 08 1909	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
2 ho	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Canada	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	N BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH MD	
( 18)	Sa	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET Peninsula G	eneral Hospital	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF Plumbing & Hed	industry  ating Contractor	
128	130	Maryland   13b. Cour	omico Fruitland	YES NO	13. STREET ADDRESS 404 Ogle Avenue	21826	
ompletel o d 2 s	1		arles Tribeck		MIDDLE	Brown	
S. Pages		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES	WII 166 SOCIAL SECU WIII 408-14-	-9480 Same as #1	Gladys C. Tribeck 3e	(Wife)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
signed by the attending physici hen please remove carban paper to bunal, cremation, ar removal. hjury, ar ather traumatic event, th	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF	MINAL DISEASE OR CONDITION GIV	'EN IN PART I 10	
te has been ssit permit. I greene prior shows ony in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPE WION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO	
fter this certificate so the burial-transit h and Mental Hygie orked or Item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH D	19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	COUNTY STATE	
AAL DIRECTOR: A detached for use one Dept. of Heal ut. If Hem 21 is mu		saw the deceased alive on above. (Diwe) (did) and to	tal) ottended the deceosed fram	DEGREE  MA ATTENDING PHYSICIAN	death occurred on the date and hou	220. DATE SIGNED 2-8-86	
TO FUNERA Should be de with the Stot		OLR.	LAYTON	27. ADDRESS CHMC	2 379. SALLE	rung kid	
P		BURIAL, CREMATION, REMOVAL SPECIFYIEntombment		NAME OF CEMETERY OR CREMATORY ringhill Mausoleum	Hebron, Wicon	nico, Maryland	
H - 16 50M 4/82		JNERAL DIRECTOR OLLOWAY Funeral	Home, P.A., Salist	oury Maryland 250. DA	TE REC'D. BY REGISTRAR 256. REGIST		

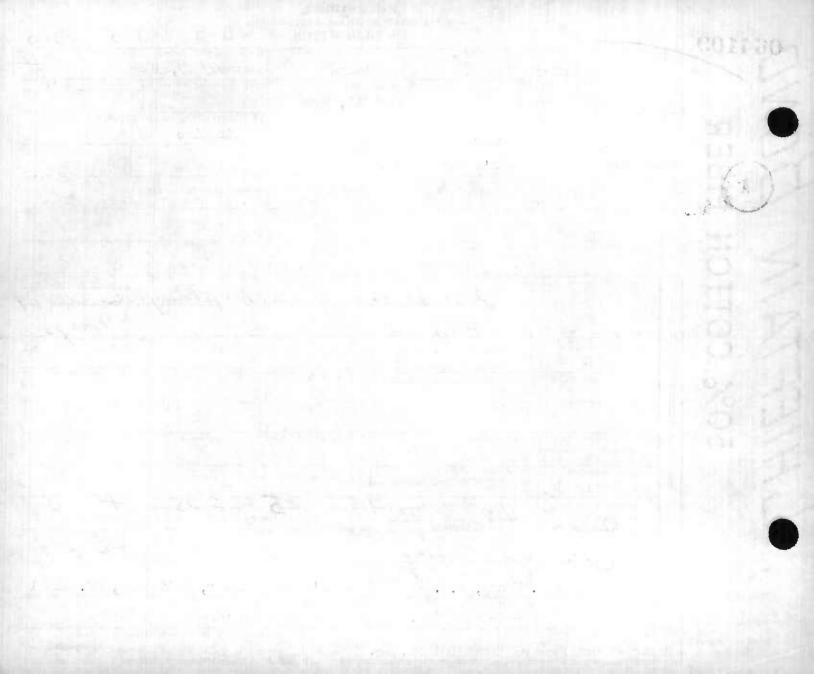


Delmar. Del. 19940

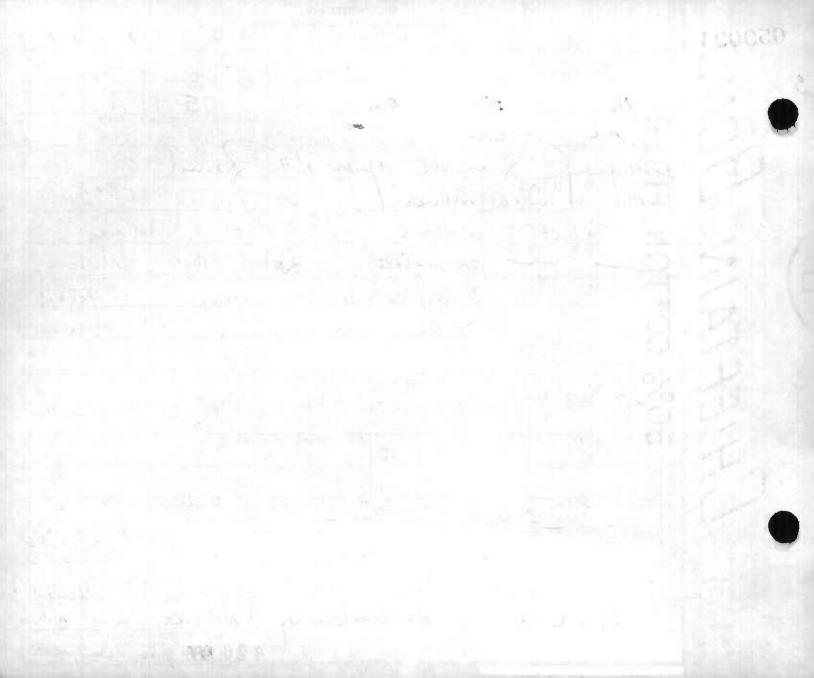
(VRA 15, 4)

Marvel-Short Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 064109 REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) February 25, 1986 Vetra George Κ. 3 SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY # UNDER LYENE March 11, 1924 Male White HIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Wicomico Maryland U. S. A. WIDOWED DIVORCED T ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Deer's Head Center Delmarva Aluminum Co Salisbury Crew Leader III COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Delaware Sussex Delmar Rt. #1 Old Stage Road 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Frank Vetra Maggie Anderson 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Yes, no or unknown) WW II 218-12-1272 Esther H. Vetra (same as above) APPROXIMATE INTERVALE 18 CAUSE OF DEATH (Enter only one couse per line for (a), jb), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from saw the eleceosed alive on above ((1) we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSIC AND THE 22e ADDRESS Deer's Head Center, Salisbury, Md. 21801 Inja J. Hwang, M.D 230. BURIAL, CREMATION, REMOVAL NAME OF CEMETERY OR CREMATORY 236. DATE Burial 2-28-1986 St. Stephens Cemetery Delmar Sussex Delaware 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Jandare Mandare Marvel-Short Funeral Home Delmar, De. 19940 (VRA 15, 4)



SALISBURY, MD 21801



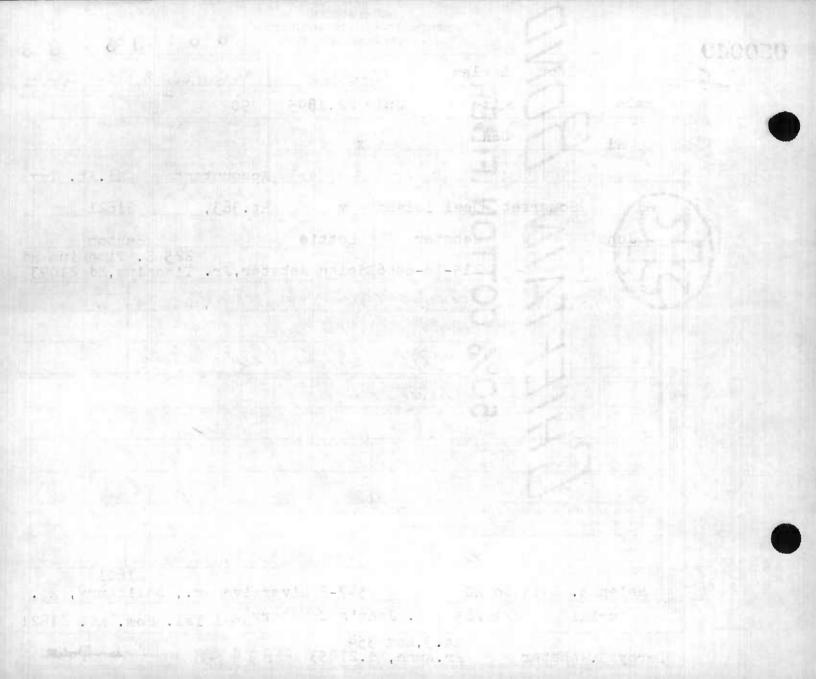
0049	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF HEA	LTH AND MEN ATE OF DEA	NTAL HYGIE	NE 8	REGNO.	0	6	108
leoth CX.		CEASED NAME OR PRINT) WE	alter	Ede	len	W.S	bster	2	DATE OF D	RUARU	67 11	986	26. HOUR &
ector po	3 SE	male	1	whit	е	July	22°, 18		AGE (IN YEAR	RS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
azz hou		RTHPLACE (STATE ORF	OREIGN 71	USA	VHAT COUNTRY	MARRIED [	NEVER MAR		Wicom	- 10	OUNTY OF	DEATH	MD.
by the fu	Sa	TY OR TOWN OF DEA	MD	Penins	ula Ge	neral	Hospit		2a. USUAL OC TYPE OF WORK FO CCOUN	CUPATION OR MOST OF WO	RKING LIFE)	126 KIND OF INDUSTRY	t. Tax
y falled in	130 5	Md	Some	Υ	Sive residence before 134 CITY OR TO'  Deal I	sland s		o 🗆 R	t.363			21821	
complete ond 2		John VAS DECEASED EVER			Webste	r	Lotti INFORMANT	Y		MIDDLE		enton	4
rs. Poges		PES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	215-16	-6966E		Webst	er,Jr	· Tin	E.	um, Md	
ing physic rbanpope ir remavol iic event, il		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY: CAUSE (a)	Care	will	perar	lay 9	arlu	·L		BETWEEN	MATE INTERVAL DINSET AND DEATH
d by the attend ease remove ca ol, cremotion, a		Canditions, if any, gove rise ta imm couse (a), stoting underlying cause	nediote g the	(b)	AS A CONSEQUE	ula C	Fac	lui C	ajdu	ryce	cly)		
Then pl	NOI	PART 2 OTHER SIGN	OF P	na l	1760	CLE A FI	T RELATED TO	THE TERMIN	AL DISEASE O	OR CONDITIO	ON GIVEN	IN PART I a	
tion.  sit permit grene price	CERTIFICATION	19a DATE OF OPERAT		196 CONDIT	ION FOR WHIC	H OPERATION V	VAS PERFORMI	ED	YES N	201 NO 2	CERTIFYIN YES	VERE FINDING CAUSES	GS USED OF DEATH? NO
certifications ental Hygen 18 s	4	216 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	P.A	N. MONTH (	DAY YEAR	ic HOW INJUR	RY OCCURRED	) (ENTER NATUE	ee of injury in	ITEM 18 PART	OR PART 2)	
Viter this os the bull th and M orked or	MEDIC	214 INJURY OCCURR	ILE [	21e PLACE C	OF INJURY ET, FACTORY OFFICE		II LOCATION STREET	a.	(	ITY OR TOWN		COUNTY	STATE
eCTOR Ad for use		sow the decease obove, (1) (we) (d	dahve an_	2/8	19_	and t	hal in (my) loui	r) opinion dec	, taath occurred o	on the date o	nd hour or		
by the horse and a second control of the control of	(	226 SIGNATURE	20%	Tale	ledo	/	PHY	NDING SICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIAN		220 DATES	SIGNED
TO FUNERAL should be det with the Stote		Helen M	. Ba	ldado l			547-F	River	sive	Dr.,	Sali	.801 .sbury	y, Md.
BP	23a B	URIAL, CREMATION, I	REMOVAL	236.27512	/85 3	t. John	1 S CE	meter meter	Deal	on Tsl.	Som	ounty Md	. 21821

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Leroy G.Webster Rt. 3.Box 354 Pr. Anne, Md. 21853

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Julia Sairdon Randelle



ALL THE STATE OF T

DHMH - 16 50M 1/B1

0

(VRA 15. 4) Newnam Funeral Home

Burial

230 BURIAL, CREMATION, REMOVAL

236. DATE

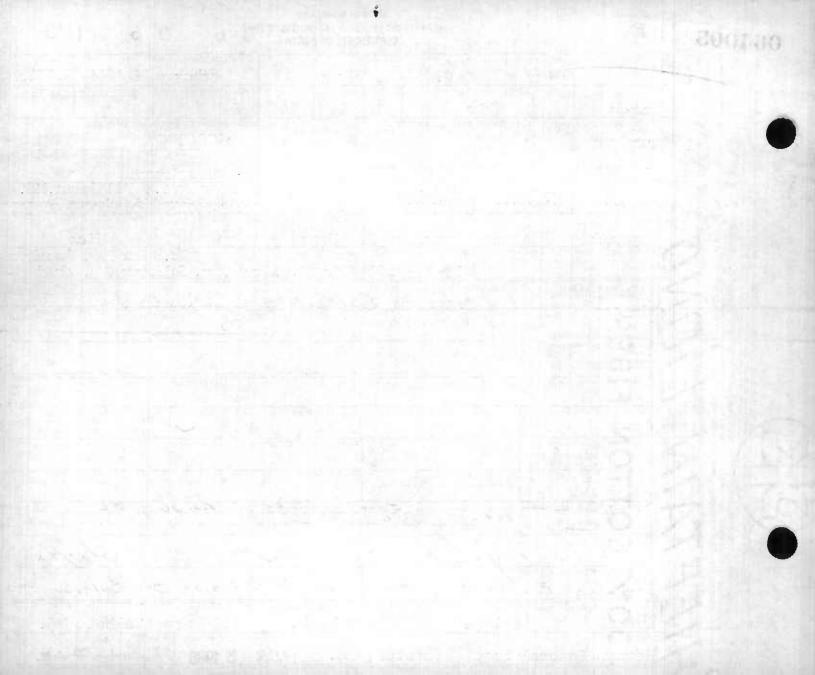
Easton, Md.

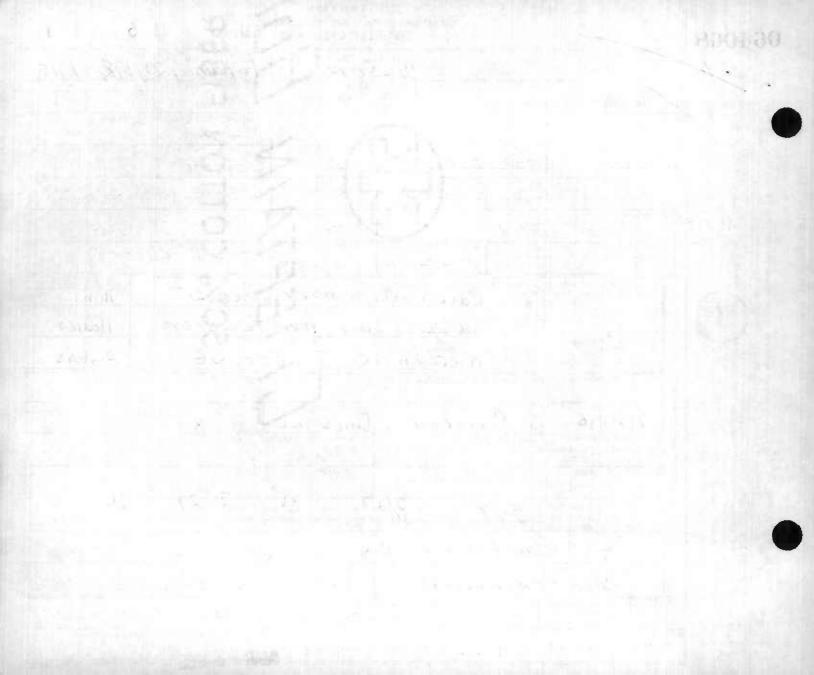
23c NAME OF CEMETERY OR CREMATORY

Tilghman Meth.

Tilghman

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR his Davidson - Randa 02





24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Marvel-Short Funeral Home Delmar, Del. 19940 (VRA 15, 4)

Burial

23b. DATE

2-25-1986

Firemen's Cemeterv

23¢ NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23d LOCATION

Deer's Head Center, Salisbury, Md. 21801

Sharptown Wicomico Maryland

22c. DATE SIGNED

COUNTY

30

IF UNDER 24 HR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

NO F

IF UNDER 1 YEAR

INDUSTRY

21861

Bank

Annual of the particle in the first of the second s

La Company of the Com AND AREA VALUE OF THE PARTY OF The state of the state of the mathematical officers in the second of t The state of the s

OR	DEPARTI
STATE	DEI ARTI

## STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE

				STATE OF MARYLAND		
065161	1	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE	
OOSTOT		REGISTRAR		CERTIFICATE OF DEATH	8 6	6 4 1 5
	1.06	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR.
4 56		THE LOCAL CONTROL OF THE PARTY	11	1/2. 12	The BALL OF BEATT	17 1000 10 25
2 00		MILDI		'loung	ter	15/986 / Uption
4 94	3.5E	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
4 69		Female	Caucasian	NOVIH DAY YEAR	20	MONTHS DAYS HOURS MIN.
2 43 AM	70,61	THPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? B	9 BALTIMORE CITY OR COUNTY	OFDEATH
4 TE 7/	1	DUNTRY)	110	MARRIED WEVER MARRIED	A CONTRACTOR OF THE PARTY OF TH	O, DEATH
1 11/2	200	Unio	U.S.	WIDOWED DIVORCED	Wicomico	MD.
1 11 0//	The C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
: 33 70	Sa	lisbury, MD	Peninsula G	eneral Hospital	Housewife	17 11 10 0 5 1 KT
3 53 000	UsU		OR OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)		
7 33 80	100.5	136 00	1 0.	A	13e.STREET ADDRESS / ZIP CODE	21052
1 34 10	AL Y	THER'S NAME	nemet trinces	IS MOTHER'S MAIDEN NA	I DT I	0-10-20
3 45 16//	7	C T	MIDDLE A LAST	FIRST	WIDDLE	2 LAST
1 13/1/0		Solomon	Frops	T Lucy		Rose
9 9 9 10 10		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS P	2 BOX 405
2 2	r .	No No	219-4	4-1793 Mar Kennet	6 Bariller Do	12.2.1
1-1		- Contract		771.0777.710.1120	11242512	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANI		PART I. DEATH WAS CAUS	anly ane cause per line far iay, (b)	ins Deluger ach	- Armer h	BETWEEN ONSET AND DEATH
( Bank		IMMEDIA	ATE CAUSE (0)	WICE CIMUDITION	y Miller.	1/20/10
1 mg 1 5 mg		CINCIPLE IN C	DUE TO, OR AS A CONSE	QUENCE OF C + A		Streke in
1 1111		Canditions, if any, which	( b) 57KU	KE 2 WEMB	02US Town	Regiera
4 446.	. 0	gave rise to immediate couse (0), stating the	DUE TO, OR AS A CONSE	OHENCE OF A TOTAL I	11-110	Voltan
bor hor oth		underlying cause last	(6)	outlier of the	19VIIIallan	1000
1 1 1 1 1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION OR	ENLINEDA OT 1
and de constant of the constan	Z		CONDITIONS CONTRIBOTING	TO BEATH DOT NOT KEER TED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART TIO
111177	CATION	19a DATE OF OPERATION	19h CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	WERE EINIDINGS
9 24 2	HG.	1/20/6/	· CONTROL ON WITH	-1 1 To D		WERE FINDINGS USED YING CAUSES OF DEATH?
28 424 2	CERTIFI	1/20/16	o) from	tutes 12 ball	The state of the s	S NO
7. 3. 3. 5. E. W.	Ü	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
30 THE 10	A	OR CONTRIBUTING CAUSE OF DI	ALIN .	19		
E4 734 1/	EDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N.	WHILE NOT WHILE	LAT HOME STREET, FACTORY, OFF	ICE FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
N 4 5 5 9		AT WORK AT WORK				
X 9 8 5 # 1		saw the deceased alive a	oital) attended the deceased fro			19, that (I) (we) lost
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		obave, (1) (we) (did) Adid n	at) view the bady after death	9, ond that in (my) (our) apinion	death occurred an the date and hour	and from the causes stated
S S S S S S S S S S S S S S S S S S S		THE SIGNATURE	+ 11/	DEGREE		22c. DATE SIGNED
25 21 E	100	MRVXIG	71 ( 1/1/s	OF CE ATTENDING PHYSICIAN I	MEDICAL STAFF	15 FeVEC
E S SS ST		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		177966
51 531 8	1	Whilita	7. WOOKE	= DG+IAA	1 - SHT is B	12 1 Mcl
0 6 5 4 1 3	23c B	URIAL CREMATION REMOVA		34 NAME OF CEMETERY OF CREMATORY	JAN CONTON	01 10 00 0

DHMH - 16 60M 7/B4 (VRA 15, 4)

101130 CHED CPUCKING A HOLY THE FRANK West MADERIA OF THE BUSINESS 1/2 3/16 consorthele The Dies 15 February 1911 MORELLANG DIRTHOU Weller I WoonE